CLARK COUNTY ANIMAL CONTROL

OFFICER'S REPORT

DATE: _____ CITE NUMBER: _____

ANIMAL OWNER: _____

ADDRESS: _____

RELATING TO: _____

SUPERVISOR CONTACTED: _____

SUMMARY OF PROBLEM: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

OFFICER: _____

NUMBER: _____