PINAL COUNTY ANIMAL CARE AND CONTROL
OFFICER WEEKLY ACTIVITY REPORT

OFFICER _____ WEEK ____/____/____ THROUGH ____/____/____

THIS IS A TRUE AND ACCURATE ACCOUNT OF MY WEEKLY ACTIVITY _____

WEEKLY ACTIVITY: DATE:	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTALS
ON CALL STATUS								
REGULAR HOURS								
OVERTIME HOURS								
MILES DRIVEN								
CALLS RECEIVED								
CALLS ANSWERED								
CALLS COMPLETED								
CALLS ASSISTED ON								
CALLS FOLLOWED UP ON								
BITES								
ATTACKS HUMAN / ANIMAL								
DOGS IMPOUNDED								
DOGS RETURNED TO OWNER								
DOGS ADOPTED								
DOGS PICKED UP DECEASED								
DOGS EUTHANIZED/SHELTER								
DOGS EUTHANIZED/FIELD								
CATS IMPOUNDED								
CATS RETURNED TO OWNER								
CATS ADOPTED								
CATS PICKED UP DECEASED								
CATS EUTHANIZED/SHELTER								
CATS EUTHANIZED/FIELD								
MISCELLANEOUS IMPOUNDS								
MISCELLANEOUS EUTHANIZED								
LICENSE FEES								
IMPOUND FEES								
ADOPTION FEES								
VAC MICROCHIP FEES								
MISC. FEES (vet bills, donations etc.)								