

**MONROE POLICE DEPARTMENT
ANIMAL CONTROL UNIT**



RECORD OF IMPOUND

PAGE 1 of 2.

<input type="text"/> IMPOUND#	<input type="text"/> CAGE#	<input type="text"/> INCIDENT#
<input type="text"/> DATE IMPOUNDED	<input type="text"/> TIME IMPOUNDED	<input type="text"/> PHOTO

<input type="text"/> 1st DATE SCAN	<input type="text"/> MICROCHIP#	<input type="text"/> 2nd DATE SCAN	<input type="text"/> MICROCHIP#
<input type="text"/> ADVERT DATE	<input type="text"/> VETERINARY EXAM NECESSARY	<input type="text"/> Date Examined	

DESCRIPTION OF IMPOUNDED ANIMAL

<input type="text"/> SPECIES	<input type="text"/> BREED	<input type="text"/> AGE (Approximate)	<input type="checkbox"/> SEX	<input type="text"/> WEIGHT (Approximate)	<input type="text"/> HAIR COAT
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	<input type="text"/> EARS
<input type="text"/> COLOR MARKINGS			<input type="text"/> EYE COLOR		<input type="text"/> TAIL
<input type="text"/> COLLAR	<input type="text"/> COLLAR TYPE	<input type="text"/> COLOR of COLLAR	<input type="text"/> ADDITIONAL DISTINCTIVE FEATURES		
<input type="text"/> LICENSE TAG#	<input type="text"/> LICENSE TOWN	<input type="text"/> RABIES TAG#			
<input type="text"/> PERSONAL OWNER IDENTIFICATION TAG/ OTHER IDENTIFICATION					

COMPLAINANT INFORMATION:

<input type="text"/> NATURE OF COMPLAINT	<input type="text"/> LOCATION FOUND	<input type="text"/> DATE FOUND	<input type="text"/> TIME FOUND
<input type="text"/> Last Name,	<input type="text"/> First Name	<input type="text"/> TELEPHONE	<input type="text"/> Address
<input type="text"/> COMPLAINANT		<input type="text"/> Town	<input type="text"/> State
		<input type="text"/> ZIP	

OWNER/ KEEPER INFORMATION:

<input type="text"/> OWNER	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> D.O.B.	<input type="text"/> Telephone HOME
<input type="text"/> Address	<input type="text"/> Town	<input type="text"/> State	<input type="text"/> ZIP	<input type="text"/> Telephone WORK
<input type="text"/> MV OP#	<input type="text"/> SS#			

<input type="text"/> KEEPER	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Telephone	<input type="text"/> IDENTIFICATION # (MV OP#, PHOTO IDENT)
--------------------------------	-----------------------------------	------------------------------------	-----------------------------------	--

<input type="text"/> OWNER / KEEPER NOTIFIED of IMPOUND	<input type="text"/> DATE	<input type="text"/> TIME	<input type="text"/> CONTACT (Name of Person Notified)	<input type="text"/> Officer (who made notification)
--	------------------------------	------------------------------	---	---

<input type="checkbox"/> REDEMPTION	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> D.O.A.	<input type="checkbox"/> EUTHANASIA	<input type="text"/> DATE	<input type="text"/> TIME
<input type="text"/> FEES.	<input type="text"/> RECEIPT #	<input type="text"/> A.P.C.P. Form #	<input type="text"/> LICENSE #	<input type="text"/> ACTION TAKEN	
<input type="text"/> MICROCHIP #					

