Lost Animal Form

**TODAY'S DATE:**

**INFORMATION RECEIVED BY:** (PLEASE PRINT)

**WHERE WAS THIS FORM COMPLETED?**
- [ ] TEMPORARY ANIMAL SHELTER
- [ ] HUMAN EVACUATION SHELTER
- [ ] FIELD
- [ ] OTHER

**OWNER INFORMATION**

**NAME:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**HOME PHONE:**

**WORK PHONE:**

**CELL PHONE:**

**ALT. PHONE:**

**E-MAIL ADDRESS:**

**WHERE WAS THIS FORM COMPLETED?**

**ANIMAL INFORMATION**

**DOB:**

**SEX:**
- [ ] MALE
- [ ] FEMALE
- [ ] NEUTERED
- [ ] SPAYED
- [ ] UNKNOWN

**BREED:**

**FUR LENGTH:**
- [ ] LONG
- [ ] SHORT
- [ ] DOCKED
- [ ] CURLY
- [ ] ERECT
- [ ] FLOP
- [ ] SMALL
- [ ] MEDIUM
- [ ] LARGE

**DISTINGUISHING MARKS?**

**ANIMAL'S NAME:**

**MICROCHIP NUMBER:**

**TATTOO NUMBER:**

**COLLAR?**
- [ ] YES
- [ ] NO

**ID TAG?**
- [ ] YES
- [ ] NO

**TYPE/COLOR:**

**COUNTY RABIES LICENSE NO./YEAR:**

**ISSUING COUNTY:**

**ANIMAL LOCATION**

**DATE LAST SEEN:**

**LOCATION:**

**MEDICAL INFORMATION**

**VETERINARIAN NAME:**

**PHONE NUMBER:**

**ADDRESS:**

**ARE VACCINATIONS CURRENT?**
- [ ] YES
- [ ] NO

**ANIMAL ON ANY MEDICATION?**
- [ ] YES
- [ ] NO

**FREQUENCY?**

**WHEN WAS MEDICATION LAST GIVEN?**
- [ ] DATE
- [ ] TIME

**CONTACTS**

**WHO ELSE HAVE YOU NOTIFIED THE ANIMAL IS MISSING?**

**COMMENTS**

**FINAL STATUS OF ANIMAL**

**FOR OFFICIAL USE ONLY**
- [ ] OWNER LOCATED
- [ ] MATCHED WITH INTAKE ANIMAL
- [ ] DECEASED
- [ ] UNKNOWN AFTER 30 DAYS

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