



## FOUND DOG REPORT

DATE FILED
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Please print or type all owner and animal information below.

DATE FOUND
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### Finder of Animal

NAME		
ADDRESS		APT
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE
EMAIL ADDRESS		

### Animal Description

BREED <input type="checkbox"/> Purebred <input type="checkbox"/> Mix	AGE <input type="checkbox"/> months <input type="checkbox"/> years	SEX <input type="checkbox"/> intact male <input type="checkbox"/> intact female <input type="checkbox"/> neutered male <input type="checkbox"/> spayed female
COAT COLOR		
TAIL LENGTH <input type="checkbox"/> full length <input type="checkbox"/> ¾ length <input type="checkbox"/> docked	EARS <input type="checkbox"/> erect <input type="checkbox"/> semi erect <input type="checkbox"/> folded <input type="checkbox"/> droopy <input type="checkbox"/> cropped	COAT TYPE <input type="checkbox"/> short <input type="checkbox"/> medium <input type="checkbox"/> long <input type="checkbox"/> wire/broken <input type="checkbox"/> wavy/curly
UNIQUE MARKINGS		

### Animal Identification

WEARING COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes color:	RABIES TAG ON COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes	ID TAG ON COLLAR? <input type="checkbox"/> no <input type="checkbox"/> yes shape/color:	MICROCHIP? <input type="checkbox"/> no <input type="checkbox"/> yes chip #:
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### Location Found

STREET ADDRESS WHERE FOUND	COUNTY WHERE FOUND	ZIP CODE WHERE FOUND
NEAREST CROSS STREET	SUBDIVISION NAME	

Signature of Finder \_\_\_\_\_

Date \_\_\_\_\_

Please send completed form and picture of the found animal to [lostandfoundpets@talgov.com](mailto:lostandfoundpets@talgov.com).