

ANIMAL CONTROL
LOST DOG INFO SHEET

Date & Time Lost: _____

Lost From: _____

Owner: _____

Address: _____

Phone #: _____ **Name of Animal:** _____

Markings and Breed(s): _____

Sex: M / F **Collar:** Yes or No **Collar Color:** _____

Tags: Yes or No **Type:** Rabies or City

Vet Clinic: _____ **or City:** _____

Age: _____ **Weight:** _____ lbs.

Notes: _____
