 File # \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

SUSPECTED ANIMAL ABUSE REPORT

**MUST BE SUBMITTED TO THE COMMISSIONER OF AGRICULTURE NO LATER THAN 48 HOURS**

|  |  |
| --- | --- |
| DATE AND TIME SUSPECTED NEGLECT OR CRUELTY OCCURRED  | NAME OF REPORTING OFFICER |
| NAME OF ANIMAL OWNER | ADDRESS OF ANIMAL OWNER |
| TELEPHONE # OF ANIMAL OWNER | ADDRESS WHERE ANIMAL IS LOCATED |
| SPECIES OF ANIMAL | BREED | AGE | SEX | COLOR (S) | NAME OF ANIMAL |

NATURE OF HARM, NEGLECT OR CRUELTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOW DID YOU LEARN OF THE SUSPECTED HARM, NEGLECT OR CRUELTY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |
| --- | --- |
| NAME OF ALL SUSPECTS: | ADDRESS OF SUSPECTS: |
|  |  |
|  |  |

PREVIOUS HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rev: 4/18 White Original: Dept. of Agriculture Yellow Copy: Officer’s File

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