



LOST ANIMAL REPORT

<input type="checkbox"/> DOG	<input type="checkbox"/> CAT	<input type="checkbox"/> OTHER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SPAYED / NEUTERED
PET'S NAME _____			EST. AGE _____		
BREED _____			COLOR _____		
IDENTIFICATION (collar, tag, etc.) _____					
DISTINGUISHING MARKS/TRAITS _____					
DATE MISSING _____			DATE REPORTED _____		
VICINITY LAST SEEN _____					
OWNER'S NAME* _____			PHONE (Day)* _____		
ADDRESS* _____			PHONE (Eve)* _____		
STAFF INITIALS _____					



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