

ZILLAH POLICE DEPARTMENT

Animal Complaint

CASE #:		CODE #:		CASE TITLE		DATE:		
RELATIONSHIP TO INCIDENT				ANIMAL CONTROL VIOLATIONS				
<input type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> OTHER <input type="checkbox"/> DOOR HANGER <input type="checkbox"/> IMPOUNDED Y <input type="checkbox"/> N <input type="checkbox"/>				<input type="checkbox"/> RUNNING @ LARGE <input type="checkbox"/> BARKING <input type="checkbox"/> NO LICENSE <input type="checkbox"/> OTHER:				
LAST NAME		FIRST	MIDDLE	VIOLATION DATE		VIOLATION TIME		
AKA 1		AKA 2		LOCATION				
ADDRESS			PO BOX	ANIMAL INFO <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER				
				BREED		SEX		
CITY		STATE	ZIP					
				COLOR		APPROX AGE		
DRIVERS LICENSE #			STATE					
				ADDITIONAL INFORMATION:				
HOME PHONE		WORK PHONE						
SOCIAL SECURITY #:		DOB	AGE	ANIMAL INFO <input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> OTHER				
				BREED		SEX		
HEIGHT		WEIGHT	SEX					
			<input type="checkbox"/> M <input type="checkbox"/> F	COLOR		APPROX AGE		
EYE	HAIR		RACE					
				ADDITIONAL INFORMATION				
SCARS, MARKS, TATTOOS			INTERPRETER					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
OFFICER		BADGE #	PER. #	DATE	APPROVED BY		RANK	DATE