

## Renton Police Department Animal Complaint

Complainant			Phone	Date: Time:	Specialist
Address			Nature of Complaint		
City	State	Zip	Location		
Animal	Sex	Breed/Description		Condition of Animal	
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	Breed: _____		Live	<input type="checkbox"/>
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Description: _____		Dead	<input type="checkbox"/>
Other <input type="checkbox"/>				Sick/Injured	<input type="checkbox"/>
Is the owner known?		Owner's Name		Phone	
Yes	No	Address		City	State
					Zip

**Action Taken:**                      **Date:** \_\_\_\_\_    **Time:** \_\_\_\_\_    **A/C Officer:** \_\_\_\_\_    **ID#** \_\_\_\_\_

Found Dead	<input type="checkbox"/>	Citation Issued?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Cit #: _____
Humane Society	<input type="checkbox"/>	Additional Information: _____	
Owner Contacted	<input type="checkbox"/>	_____	
Follow-up Requested	<input type="checkbox"/>		