

**ANIMAL CONTROL**  
**Animal Complaint Form**

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Date Complaint filed

- Complainant's Name
- FirstLast
- Address
- Street AddressAddress Line 2CityStateZIP Code
- Phone
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- Animal Owner's Name
- FirstLast
- Address
- Street AddressAddress Line 2City
- State
- ZIP Code
- Where does animal stay?
- 
- Does the animal have shelter?
- 
- Does the animal have access to water?
- 
- Is animal being fed?
- 
- Your Complaint
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**All complaints will be kept confidential. Please fill in as much information as possible to help us successfully complete this complaint.**