### Clinic Name and Contact Information

### Animal Information

Name/Identification: Species/Breed:

DOB/Age: Sex: ☐ Male ☐ Female Intact: ☐ Yes ☐ No

### Owner Information

Name (Last, First):

Address:

Phone: Email:

**Person Suspected of Cruelty** ☐ Owner ☐ Other person *(provide details below)*

Name (Last, First):

Address:

Phone: Email:

### Incident Details

Location: Date/Time:

***Reason for Report*** *(Check all that apply, and add explanation with as much detail as possible below.)*

☐ Abandonment of animal

☐ Dog fighting *(e.g., numerous bite wounds in various stages of healing; overlapping scars localized to head, neck, front legs)*

☐ Extreme emaciation without apparent medical reason

☐ Hoarding *(e.g., signs that the owner may have more animals than able to adequately care for)*

☐ Grooming, severely inadequate *(e.g., extreme matting of fur, overgrown nails, dirty coat)*

☐ Multiple injuries in various stages of healing

☐ Owner/other person reports causing harm

☐ Parasite infestation, severe *(e.g., flea, tick, myiasis)*

☐ Person struck or caused physical/sexual harm to animal

☐ Suffering caused by ongoing, untreated injury or illness *(e.g., embedded collar)*

☐ Unexplained injuries that do not match owner history

☐ Other:

***Description of Concerns***

### Additional Documentation

Medical records attached? ☐ Yes ☐ No Photographs taken? ☐ Yes\* ☐ No

\*Location of photos:

**Physical Exam** *(WNL = Within Normal Limits)*

|  |  |  |
| --- | --- | --- |
| **General** | Weight: | Temp: |
| **Skin/Coat** | ☐WNL ☐Hair Loss ☐Dry ☐Scaly ☐Matted ☐Ticks ☐Fleas ☐Abscesses ☐Ulcer | |
| **Eyes**  **OS**  **OD**  **Sighted** | ☐ WNL  ☐ Discharge ☐ Inflamed ☐ Mild/Moderate/Severe  ☐ Discharge ☐ Inflamed ☐ Mild/Moderate/Severe ☐ OS ☐ OD | |
| **Ears**  **AS**  **AD** | ☐ WNL  ☐ Dirty ☐ Odor ☐ Hypertrophy ☐ Mild ☐ Moderate ☐ Severe  ☐ Dirty ☐ Odor ☐ Hypertrophy ☐ Mild ☐ Moderate ☐ Severe | |
| **Nose/Throat** | ☐ WNL ☐ Nasal Discharge | |
| **Mouth/Teeth** | ☐ WNL ☐ Gingivitis ☐ Ulcer ☐ Tartar ☐ Broken/Loose Teeth | |
| **Heart** | ☐ WNL ☐ Murmur |  |
| **Lungs** | ☐ WNL ☐ Difficulty breathing ☐ Congestion ☐ Cough ☐ Abnormal Sounds | |
| **Muscle-Skeletal** | ☐ WNL ☐ Lame ☐ Broken Bones ☐ Swelling ☐ Weakness ☐ Muscle Wasting ☐ Ataxia | |
| **Neurological** | ☐ WNL ☐ Dull ☐ Demented ☐ Moribound | |
| **Body Condition** | ☐ Emaciated ☐ Very Thin ☐ Thin ☐ Ideal ☐ Overweight ☐ Obese  % underweight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Body Condition Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***Notes***

### Communication Details

*Please ensure documentation of EACH communication. Include additional sheets as needed.*

Person giving communication: Person receiving communication:

Details:

### Reporting

Agency report made to: Person taking report:

Report made on (date/time): Via: ☐ Fax ☐ Email ☐ Website ☐ Phone

Report Filed By: Signature:

**Owner Notification** Has the owner been notified of the report? ☐ Yes ☐ No