SUSPECTED ANIMAL CRUELTY REPORT SMALL ANIMAL

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 and/or overlapping scars localized to head, neck, and/or 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 (self-disclosure)

☐ 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 _____

_____

_____

_____

_____

_____

_____

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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	☐ WNL
OS	☐ Discharge ☐ Inflamed ☐ Mild/Moderate/Severe
OD	☐ Discharge ☐ Inflamed ☐ Mild/Moderate/Severe
Sighted	☐ OS ☐ OD
Ears	☐ WNL
AS	Dirty/Odor/Hypertrophy Mild/Moderate/Severe
AD	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 _____ Method: ☐ Fax ☐ Email ☐ Website ☐ Verbal/Phone

Report Filed By: _____

Signature: _____

OWNER NOTIFICATION

Has the owner been notified that a report is being made? ☐ Yes ☐ No