

Dog Impoundment Record: Existing Scars & Injuries

Agency Info:

Date: _____ Case #: _____ Officer: _____

Dog #: _____ Intake #: _____ Breed: _____

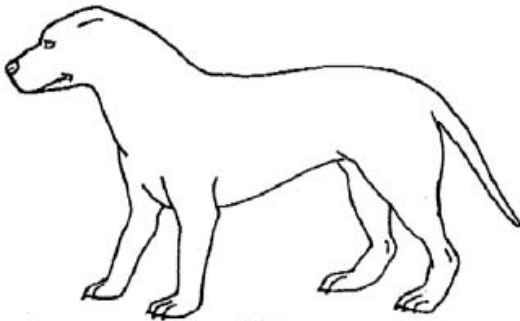
Color: _____ Male Female

Distinguishing Marks: _____

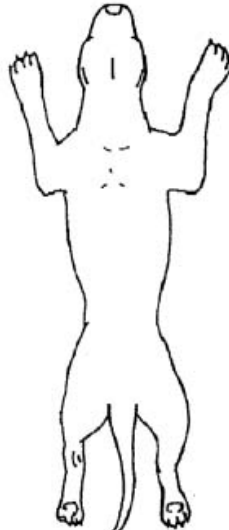
Owner (if known): _____

Address: _____

City: _____ State: _____ Zip Code _____



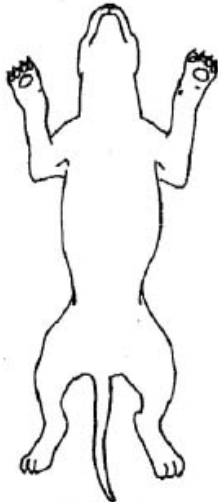
LEFT
VIEW



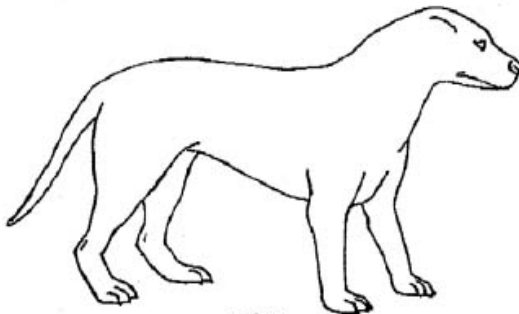
TOP
VIEW



FRONT
VIEW



BOTTOM
VIEW



RIGHT
VIEW