STONE COUNTY SHERIFF'S OFFICE

ADDITIONAL ANIMAL SUPPLEMENT FORM

Animal Information:

Species: _____ Breed:_____ Sex: _____ Age: _____

Description:_____ Name: _____

Microchip #: _____ Any distinguishing marks: _____

Type of containment:

_____

Veterinarian name, address, & phone: _____

Special needs of animal: _____

_____

Are you the original owner of this animal? Yes No If "No" who was the previous owner and or where was the animal obtained? _____

Have you owned this animal while residing in another county/state? Yes No

If "Yes" where? _____

Upon researching the background of this animal will there be any reports of escapes or attacks? Yes No

If yes, what were the circumstances: _____

_____

Location of animal's containment: _____

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