Dog Impoundment Record:
Existing Scars & Injuries

Date: ____________________ Case #: ________________ Officer: ________________
Dog #: ____________________ Intake #: ________________ Breed: ________________
Color: ____________________                          Male    Female
Distinguishing Marks: ____________________

Owner (if known):
Address: ______________________________________
City: ____________________ State: ______ Zip Code ______

LEFT VIEW

FRONT VIEW

TOP VIEW

BOTTOM VIEW

RIGHT VIEW