

FOR OFFICE USE ONLY Received by _____ date _____ Contacted by _____ date _____ Comments: _____ _____
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# STANISLAUS ANIMAL SERVICES AGENCY REPORT REQUEST

Date of Event \_\_\_/\_\_\_/\_\_\_\_\_ Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Report # \_\_\_\_\_ Bite Report # \_\_\_\_\_

Type of Report (please check one)

Animal Bite     Incident Report     Impound Report     Barking Dog

Stray Report     Other. Please enter details below.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Other Involved Party (if known)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type of Animal(s):    Dog(s) \_\_\_\_\_ Cat(s) \_\_\_\_\_ Other(s) \_\_\_\_\_

Please describe the records or reports you desire:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There is a fee of \$1.00, plus \$.25 per page, for a copy of any report.  
Reports will be processed within 10 days of receipt.

Email requests to [champostmaster@stancounty.com](mailto:champostmaster@stancounty.com) or fax to (209)558-2138.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Visit our website at [www.stanislausanimalservices.com](http://www.stanislausanimalservices.com), or visit us at  
3647 Cornucopia Way, Modesto CA, Mon - Fri 9 am – 5pm, Sat 8 am – 5 pm.

