

FOR OFFICE USE ONLY	
Received	by _____ date _____
Contacted	by _____ date _____
Comments:	_____
	_____

# 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.

