



SOUTH BEND ANIMAL RESOURCE CENTER

521 Eclipse Place, South Bend, IN 46628
Phone: (574) 235-9303; Fax: (574) 235-7611
E-mail: sbarc@southbendin.gov



Found Pet Report

Date Found: _____ Time Found: _____
Date Reported: _____ Time Reported: _____
Location Found: _____

Internal Use Only

Animal #: _____

Person #: _____

Found Pet Information (answer to the best of your ability)

Pet Type: ☐ Dog ☐ Puppy ☐ Cat ☐ Kitten ☐ Other: _____

Gender: ☐ Female ☐ Male **Altered?** ☐ Neutered ☐ Spayed ☐ Unknown

Breed 1: _____ Breed 2: _____

Primary Fur Colors: _____

Coat Length: ☐ Short ☐ Medium ☐ Long ☐ Wirey ☐ Curly ☐ Clipped **Eye Color:** _____

Ears: ☐ Stand ☐ Flop ☐ Long ☐ Cropped **Declawed?** ☐ Yes ☐ No ☐ Unknown

Tail: ☐ Long ☐ Short ☐ Docked ☐ Curled ☐ Feathered ☐ Manx

Size: ☐ Small ☐ Medium ☐ Large **Approximate Weight:** _____ **Age Estimate:** _____

Identifying Marks (spots, scars, unusual markings, etc.): _____

Collar 1 - Color: _____ **Type:** ☐ Leather ☐ Nylon ☐ Plastic ☐ Choker ☐ Flea ☐ No Collar

Collar 2 - Color: _____ **Type:** ☐ Leather ☐ Nylon ☐ Plastic ☐ Choker ☐ Flea ☐ No Collar

Collar Tag Information - Tag 1: _____ ☐ No Tag

Collar Tag Information - Tag 2: _____ ☐ No Tag

Microchip Number: _____ Microchip Brand: _____ ☐ No Microchip

Are you providing a photo? ☐ Yes ☐ No

Finder's Information

Finder's Name: _____

Finder's Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

Which other agencies have you contacted? ☐ St. Joe Humane Society ☐ Newspaper ☐ Other: _____

I understand that by signing below I agree to hold the above listed animal for fifteen (15) calendar days from the date of this report. During that time, I shall not give the animal to any other person for any reason and agree to return the animal upon demand of SBARC at any time during the 15-day hold. If I can no longer keep said animal, I agree to return it to SBARC. Failure to abide by these terms may result in citations up to \$2,500 and/or criminal action.

Signature

Printed Name

Date

Internal Use Only

Date Received: _____ Staff Member Who Processed: _____

Staff Notes: _____