



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



Lost Dog Report

Date Lost: _____ Time Noticed: _____
Date Reported: _____ Time Reported: _____
Last known whereabouts: _____

Internal Use Only
Animal #: _____
Person #: _____

Pet Information

Pet's Name: _____ Gender: Female Male **Altered?** Neutered Spayed

Breed: _____ Looks like: _____

Primary Colors: _____

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

Coat Length: Short Medium Long Wirey Curly Clipped

Tail: Long Short Docked Feathered Curled

Ears: Stand Flop Long Cropped **Habitat Type:** Indoor Dog Outdoor Dog Both

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

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

Is your pet familiar with the area it was lost? Yes No **Are you providing a photo?** Yes No

Owner Information

Owner's Name: _____

Owner's Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

E-mail Address: _____ **Okay to Release Contact Info?** Yes No

How long have you owned the dog? _____ **Veterinarian Name:** _____

From where did you adopt / purchase the dog? _____

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

Stolen report filed with: South Bend Police Dept. Mishawaka Police Dept. St. Joe County Police Dept. None

Internal Use Only	Date Received: _____	Staff Member Who Processed: _____
Staff Notes: _____		

