

Lost Cat Report

Please Print

Today's Date \_\_\_\_\_

**Report will be on file for 30 days**

BREED \_\_\_\_\_ DATE LAST SEEN: \_\_\_\_\_ TIME OF DAY \_\_\_\_\_ AM/PM

WEIGHT (Required) \_\_\_\_\_ STREET LAST SEEN: \_\_\_\_\_

FUR COLOR: \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIAL MARKINGS/TAIL LENGTH CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ CONTACT PHONE#: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M / F SPAYED / NEUTERED ALTERNATE PHONE #: \_\_\_\_\_

CAT'S NAME \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HAIR LENGTH: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

COLLARS/TAGS/ID? \_\_\_\_\_

**IT IS THE OWNER'S RESPONSIBILITY TO CHECK THE SHELTER IN PERSON AT LEAST ONCE EVERY 3 DAYS. IF YOU FIND YOUR PET, PLEASE CONTACT THE SHELTER SO WE CAN UPDATE OUR RECORDS.**

**PLEASE PROVIDE A CURRENT PHOTO OF YOUR PET.**

**THIS FORM AS WELL AS THE PHOTO OF YOUR PET CAN BE E-MAILED TO**

**ANTIOCH ANIMAL SERVICES at**

**[antiochanimalservices@gmail.com](mailto:antiochanimalservices@gmail.com)**

**OR DROPPED OFF AT ANIMAL SERVICES DURING BUSINESS HOURS**

**300 L ST., ANTIOCH**