

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 SASainfo@stancounty.com or fax to (209)558-2138.

Signature _____ Date ___/___/___

Visit our website at www.stanislausanimalservices.com, or visit us at
3647 Cornucopia Way, Modesto CA, Mon. 10 am-6 pm, Tues. 10 am- 5 pm,
Wed. 1 pm-6 pm, Thurs.10 am-5 pm, Sat 12 pm– 5 pm.

