

# IMPOUNDED ANIMAL CLAIM FORM

City of Jerseyville Animal Control

## OFFICIAL REGISTRATION RECORD

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_  
  First  Last

Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

## ANIMAL INFORMATION

Name of Dog/Cat \_\_\_\_\_

(MARK EACH THAT APPLIES TO ANIMAL)

CAT    DOG                       MALE    FEMALE                       SPAYED    NEUTERED    INTACT

Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Color/Markings \_\_\_\_\_

Microchip  YES  NO                      Microchip Number \_\_\_\_\_

## OFFICIAL RABIES VACCINATION RECORD

Vaccination Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Tag Number \_\_\_\_\_

Revaccination Date \_\_\_\_/\_\_\_\_/\_\_\_\_  1 year  3 year

Name of Clinic or Hospital where the vaccine was administered \_\_\_\_\_

Name of Licensed Veterinarian administering vaccine \_\_\_\_\_

I, the owner of said animal, agree that the information given above is true to the best of my knowledge and agree to pay said fines and fees that have incurred and that are a result of the impoundment of said animal.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date