

Lost Animal Report



Your Information:

Name: _____

Address: _____ City State Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Alt. Email: _____

Pet Information:

Name: _____ Type (dog, cat, etc.): _____

Sex (M or F): _____ Neuter/Spayed (Y or N): _____ Breed: _____

Age: _____ Weight: _____ Color/Features: _____ Hair Length/Type: _____

Collar (type & color): _____ Tags on Collar: _____

Microchip Information: _____

Additional Information: _____

Lost Information:

Lost Date & Time: _____ Today's Date/Time: _____

Address & City Lost From: _____

Please email this form to Elmbrookhs@ebhs.org

20950 Enterprise Avenue Brookfield, WI 53045
Phone: 262-782-9261
Fax: 262-782-3356