

**Elberton Police Department Animal Control Division
Lost Animal**

Owner's Name		Phone1:	Date	Time
Address		Phone2:		
City, State, Zip		Email Address		
Animal				
Animal	Sex	Breed/Description		Pet's Veterinarian
Dog <input type="checkbox"/>	Male <input type="checkbox"/>	Breed:		Name
Cat <input type="checkbox"/>	Female <input type="checkbox"/>	Description		Phone:
Other <input type="checkbox"/>	Unknown <input type="checkbox"/>			
Approximate weight and/or size.		How long has your pet been missing? (include date/time)		
Action Taken:		Date:	Time:	
Found Dead <input type="checkbox"/>	<input type="checkbox"/>	Notes:		
Humane Society <input type="checkbox"/>	<input type="checkbox"/>			
Owner Contacted <input type="checkbox"/>	<input type="checkbox"/>			
Follow-up Requested <input type="checkbox"/>	<input type="checkbox"/>			

Return form to Elberton Animal Control.

Fax: 706-283-8563

Email: elbertonanimalshelter@elberton.net

Mail: Elberton Police Dept, P. O. Box 70, Elberton, GA 30635, Attn: Animal Control