

**Universal City Animal Care & Control  
Stray Animal Impound**

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Please answer the following questions as accurately as possible. This information may be able to help us locate the possible owner of this animal.**

Finders Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_ Male/Female \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Did the animal have a collar or tags when you found it? \_\_\_\_\_

Did you bring these items with you to turn in with the animal? \_\_\_\_\_

Have you groomed or bathed the animal since you found it? \_\_\_\_\_

Where did you find the animal? \_\_\_\_\_

How long have you had the animal? \_\_\_\_\_

Do you think this animal may be owned and if so what attempts have you made to locate the owner? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that **I AM NOT** the owner or custodian for the owner of this animal. I understand that I am releasing this animal and any right to any information concerning the final disposition of this animal to the City of Universal City. I understand that the Universal City Animal Care and Control has full and complete authority to adopt, transfer or euthanize said animal.

I certify that, to the best of my knowledge, the above described animal(s) has / have **not bitten** any person(s) during the last 10 days.

I further understand that the Universal City Animal Care and Control cannot guarantee the adoption of any animal; and that the animal may be adopted, transferred or euthanized at any time due to illness, disposition or space restrictions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_