

Maclean-Cameron Animal Adoption Center

Stray Form

Name: _____ Driver's License # _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____ Email Address: _____

Animal Name (if known)	Gender	Spayed? Neutered?	Approx. Age	Breed	Color

Address Found At _____ Date and Approximate Time Found _____

Was the animal wearing a collar or ID? Yes No

If yes, please describe: _____

To your knowledge, has this animal bitten anyone within the past ten (10) days? Yes No

If yes, please describe the incident: _____

_____**(Initial)** I hereby certify that the animal(s) listed above are stray and have not been taken from a property.

_____**(Initial)** I understand that if it is found that I have unlawfully taken or obtained the animal(s) I will become part of an animal control investigation and if found guilty of a crime, I will be charged to the fullest extent of Montana's Law.

By signing, I give permission for this document to be given to any law enforcement official to be used in whatever means they deem necessary. By signing, I certify that the information listed above is true to the best of my knowledge.

Signature _____ Date _____

Other Comments _____
