



**MATANUSKA-SUSITNA BOROUGH**  
**Department of Administration**  
**Division of Animal Care & Regulation**  
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## **LOST ANIMAL REPORT**

Today's Date: \_\_\_\_\_ Lost Date: \_\_\_\_\_

Approx Time: \_\_\_\_\_

Location where the animal was last seen-

General Area: \_\_\_\_\_

Specific address, cross-streets: \_\_\_\_\_

Species (circle one): Dog Cat Horse Bird (species) \_\_\_\_\_ Other \_\_\_\_\_

Name of Animal: \_\_\_\_\_ Breed (s) of animal: \_\_\_\_\_

Primary Color of Animal: \_\_\_\_\_ Other Colors: \_\_\_\_\_

Age of animal: \_\_\_\_ years \_\_\_\_ months Gender of animal:  Male Neutered?  Yes  No

Female Spayed?  Yes  No

Was the animal wearing a collar?  No  Yes- describe: \_\_\_\_\_

Were the tags on the collar?  No  Yes- describe: \_\_\_\_\_

Does the animal have a microchip?  No  Yes- brand: \_\_\_\_\_ #: \_\_\_\_\_

Additional distinguishing characteristics (face, ears, eye color, markings, coat type, hair length, tail length, scars, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

Person Filing Report:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

The information you provide will not be released to the public **without your consent** [per MSB Title 01.50.040].

Do you consent to the release of your name and phone number to persons claiming to have found a pet that fits the description given above?  Yes  No

Initials of person filling out form: \_\_\_\_\_

*This document will be retained for a period of not less than ten (10) days.*

*Although we will make every effort possible, MSB Animal Care & Regulation is not responsible for locating and returning an animal, whether impounded or not, to its owner.*

*Please visit the Shelter frequently to check if your animal is here.*

Remember to report any changes in the animal's placement to Animal Care & Regulation

01/2020

*Providing Outstanding Borough Services to the Matanuska-Susitna Community*