

Date of Complaint:  
Time of Complaint:  
Name of Recorder:  
Case # (if previously assigned):













## COMPLAINANT INTAKE FORM



Thank you for reporting a potential animal welfare concern. Any personal information on this form is protected by the Protection and Privacy provisions of *The Freedom of Information and Protection of Privacy Act* (FIPPA). This report will remain confidential.

<b>Date(s) concern witnessed:</b>			
<b>COMPLAINANT INFORMATION</b>			
Name			
<b>Mailing Address:</b>			
Address	City/Town	Province	Postal Code
<b>Physical Address:</b>			
<input type="checkbox"/> Physical Address is same as Mailing Address.			
Address	City/Town	Province	Postal Code
Home Phone (    )	Cell Phone (    )	Business Phone (    )	
Email:			
Directions to Location (Be as specific as possible)			
<b>ANIMAL OWNER INFORMATION (IF KNOWN)</b>			
Name			
<b>Mailing Address:</b>			
Address	City/Town	Province	Postal Code
<b>Physical Address:</b>			
<input type="checkbox"/> Physical Address is same as Mailing Address.			
Address	City/Town	Province	Postal Code
Home Phone (    )	Cell Phone (    )	Business Phone (    )	
Email:			
Location of animals (Street Address/Civic Address /Legal land description)			

Case #:

PROPERTY OWNER INFORMATION (IF KNOWN)			
Name			
<b>Mailing Address:</b>			
Address	City/Town	Province	Postal Code
<b>Physical Address:</b>			
<input type="checkbox"/> Physical Address is same as Mailing Address.			
Address	City/Town	Province	Postal Code
Home Phone ( )	Cell Phone ( )	Business Phone ( )	
Email:			
Location of animals (Street Address/Civic Address /Legal land description)			
<b>ANIMAL INFORMATION</b>			
Please indicate the type and number of animals.			
 Dogs _____	 Cats _____	 Cattle _____	 Buffalo _____
 Goats _____	 Sheep _____	 Horses _____	
 Donkeys/Mules _____	 Swine _____	 Poultry _____	 Wildlife _____
 Zoo/Exotic _____	Other _____		
Description of Animals (Breed/Age/Sex/Behaviour/Colour)			
<b>NATURE OF CONCERN:</b>			
Do you suspect an animal is (Please check box)			
<input type="checkbox"/> lacking adequate food and water			
<input type="checkbox"/> exposed to extreme cold or heat			
<input type="checkbox"/> not provided with suitable medical attention if wounded or ill			
<input type="checkbox"/> confined in an area of insufficient space			
<input type="checkbox"/> kept in unsanitary conditions			
<input type="checkbox"/> abandoned			
<input type="checkbox"/> confined without adequate ventilation			
<input type="checkbox"/> not allowed an opportunity for sufficient exercise			
<input type="checkbox"/> suffering, seriously injured or in extreme anxiety or distress			
<input type="checkbox"/> from an unlicensed breeding premises, kennel, pound/shelter, pet store			
<input type="checkbox"/> other (please specify) _____			

Case #:

Please provide a brief explanation of what you observed. If the inspector needs further details, you will be contacted. You may also be requested to provide evidence during prosecution.