

Evidence Cage Card

Date of Seizure _____ Time of Seizure _____ Location of Seizure _____

Lead Agency _____ Agency Case # _____

Agency Address _____ City _____ State _____ Zip _____

Animal ID # _____	Cage ID # _____	Other # _____
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Animal name	Animal species	Animal breed
Animal sex	Animal age	Animal weight
Animal color/markings	Animal description	Animal temperament

Name of Animal Owner _____ Phone (if available) _____

Owner Address _____ City _____ State _____ Zip _____

Veterinarian _____ Phone _____

Medications _____

Comments _____

Chain of Custody

From:	To:	Date:
From:	To:	Date:
From:	To:	Date:
From:	To:	Date:

