



STATE OF CONNECTICUT
 DEPARTMENT OF AGRICULTURE
 450 COLUMBUS BLVD. SUITE 702
 HARTFORD, CT 06103

MUNICIPAL/REGIONAL
 ANIMAL CONTROL OFFICERS
 MONTHLY REPORT CON'T

TOWN

MONTH/YEAR

POUND NUMBER *	DATE IN	AD DATE	DATE OUT	CASE/INCIDENT # TYPE OF COMPLAINT	DESCRIPTION OF ANIMAL, INCLUDE SPECIES, BREED, SEX, AGE, COLOR, LICENSE # IF APPLICABLE	REDEEMED	ADOPTED	D.O.A.	EUTH.	CARRYOVER