



Connecticut Department of Agriculture
Bureau of Regulatory Services, Animal Control Unit
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SUSPECTED ANIMAL ABUSE REPORT

[For use by Municipal or Regional Animal Control](#)

MUST BE SUBMITTED TO THE COMMISSIONER OF AGRICULTURE WITHIN 48 HOURS

MUNICIPALITY OR REGION		CASE #			
NAME OF ANIMAL OWNER (if juvenile check box *) <input type="checkbox"/>		DOB of Owner if known			
HOUSE/STREET #	STREET	TOWN			
ANIMAL STREET LOCATION (if different from above)		TOWN			
TELEPHONE # OF ANIMAL OWNER			NAME OF REPORTING OFFICER		
SPECIES OF ANIMAL	BREED	AGE	SEX	COLOR (S)	NAME OF ANIMAL

NATURE OF HARM, NEGLECT OR CRUELTY: _____

HOW DID YOU LEARN OF THE SUSPECTED HARM, NEGLECT OR CRUELTY? _____

NAME (DOB if known) OF SUSPECTS: (if juvenile check box *) <input type="checkbox"/>	COMPLETE ADDRESS OF SUSPECTS:
(if juvenile check box *) <input type="checkbox"/>	
(if juvenile check box *) <input type="checkbox"/>	

OTHER PERTINENT INFORMATION: _____
