**Schenectady Police Department**

**Animal Control**

531 Liberty St

Schenectady NY, 12305

(518) 382-5200 ext. 5655

**Canine Injury Report**

Incident #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Treatment Form attached? Yes No

Use **BLUE** for existing scars, **RED** for new injuries, and add type of injury (abrasion, laceraction, puncture etc.)

 

 

  