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Sutton Police K9 Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Where did you contact K9: _____

What time did you come in contact with K9: _____

How did you come in contact with K9: _____

Is K9 dangerous: Yes: _____ No: _____

What is K9's breed: _____

What is the K9's disposition: _____

Have you had contact with K9 in the past: _____

Do you know the owner of the K9: _____

Incident description:

Signed: _____ Date: _____