



E-mail completed form to: Agr.animalcontrol@ct.gov .							
This form must be sent to the Chief Animal Control Officer at the Connecticut Department of Agriculture within 48 hours of learning of the suspected harm, neglect or cruel treatment of an animal.							
Suspected harm, neglect or cruel treatment occurred on:		Date:		Time:		Am Pm	
Last Name of Animal Owner		First Name of Animal Owner		Telephone # of animal owner:		LINK #:(if applicable):	
Address of animal owner /other person responsible for its care			City:		State:	Zip:	
Species of animal:	Breed:	Name of Animal:	Age:	Gender:	Color/Markings		
NATURE AND EXTENT OF HARM, NEGLECT OR CRUEL TREATMENT TO THE ANIMAL: (If this is related to a DCF case, do not give details of the case; only describe the harm to the animal.)							
HOW DID YOU LEARN OF THE SUSPECTED HARM, NEGLECT OR CRUEL TREATMENT? (If this is related to a DCF case, do not give details of the case; simply state how you came across the information, <i>e.g.</i> , home visit.)							
Last Name of suspected perpetrator of animal cruelty:			First Name of suspected perpetrator of animal cruelty:				
Address of animal owner /other person responsible for its care			City:		State:	Zip:	
Previous history of animal cruelty, if known:							
Name of DCF Social Worker:			Signature of DCF Social Worker:			Date:	
Name of DCF Social Work Supervisor:			Signature of DCF Social Work Supervisor:			Date:	
Social Worker Phone Number:		DCF Office:					