

## Milwaukee Area Domestic Animal Control Commission Animal Referral Form

To be used in cases where animals are not in imminent danger or conditions are not extreme and seizure may not in best interest of the animal. Owners will be given education/resources to better care for animal and followed up with.

Date:	Time:	Type of Animal:		
Owner Name:				
Address:				
Contact Phone #:	City:		Zip:	
Name of PO making request	Email:	Phone #:	District:	

Type of assistance needed:

- |   |  |
|---|--|
| <input type="checkbox"/> Shelter – inadequate shelter<br><input type="checkbox"/> Husbandry – poor cleanliness/conditions<br><input type="checkbox"/> Food – no food or inadequate food/water access<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Shelter – no shelter at all/not compliant<br><input type="checkbox"/> License – license not current<br><input type="checkbox"/> Health – animal in need of medical care |
|---|--|

Notes: \_\_\_\_\_

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MADACC will follow up with officer after contact has been made and detail the plan for correcting the situation. MADACC will follow up in approximately 30 days to ensure the situation remains corrected.

Fax or deliver this form to MADACC to commence referral follow-up.

*MADACC, 3839 W. Burnham St., West Milwaukee, WI 53215 Phone (414)649-8640 Fax (414)649-8651*