

Date Received: \_\_\_\_\_ Incident date: \_\_\_\_\_ Case # \_\_\_\_\_  
TchiaKousky Williams Sr. 769-572-1443 [tl.williams@madison-co.com](mailto:tl.williams@madison-co.com)



**Madison County  
Animal Control**

**1633 West Peace Street  
Canton, MS 39046**

## ANIMAL REPORT/COMPLAINT

**Please Note: Statement(s) must be completed and mailed or emailed to the Animal Control Officer.**

This statement must be typewritten or printed in ink. Reports filed in pencil WILL NOT BE ACCEPTED.

Please be as clear, concise, and detailed as possible.

Please call (769) 572-1443 or email [tl.williams@madison-co.com](mailto:tl.williams@madison-co.com) if you have any questions.

**Platted Subdivision Name:**

\_\_\_\_\_

**Type of complaint** (check all that apply):  Animal Bite  Barking/Noise Nuisance  Animal at-Large  Feces Accumulation  Other (Please explain) \_\_\_\_\_

### Reporting Party

Were you a:  Victim  Witness  Second Hand Information  Anonymous Caller?

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_ Other: \_\_\_\_\_

Email Address (please write clearly): \_\_\_\_\_

### Animal Owner Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of animal(s): \_\_\_\_\_ Color: \_\_\_\_\_

Size: \_\_\_\_\_ Sex: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Breed: \_\_\_\_\_

Have you had contact with this owner? \_\_\_\_\_ If yes, what were the results on this contact?

Please explain: \_\_\_\_\_

**IMPORTANT: Please complete a written summary of the incident(s) and if necessary, continue on the back side of this form. Be as specific as possible. Statements must be of fact, not interpretation. Thank You.**

**Incident Summary:** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

