



LEXINGTON COUNTY ANIMAL SERVICES

Time _____ Officer _____ Case # _____

Complainant _____ Home _____ Work _____

Address _____ City _____ State _____ Zip _____

Suspect _____ Home. _____ Work. _____

Address. _____ City. _____ State. _____ Zip. _____

Description of House _____

Directions _____

Complaint _____

Release on Door _____ Complaint on Door _____ Complainant Home _____ DHEC _____ SO _____

Second _____

Third _____

It is my desire to file a complaint against _____

Signature _____ Date _____

Notes: _____

	Description	Impound Record			Tag #	Pen #	Notes
		Size	Sex				
# Dogs	_____						
# Cats	_____						
# Other	_____						

I give Lexington County Animal Services my permission to take the above mentioned animal(s). By surrendering this animal(s) to LEXAS, I transfer all of my rights, title, and interest in this animal(s) to LEXAS and relinquish any ownership to this animal(s).
I understand that by surrendering this animal it can be euthanized.

Signature owner/Custodian _____ Date _____