

VOLUNTARY VETERINARY STATEMENT FORM
CLARK COUNTY ANIMAL PROTECTION SERVICES

DATE OF SERVICE:

CITATION NUMBER:

DESCRIPTION OF ANIMAL:

CONDITION OF ANIMAL:

NATURE OF TREATMENT:

PROGNOSIS:

VETERINARY HOSPITAL NAME:

VETERINARIAN NAME:

OFFICER NAME:

ADDRESS:

OFFICER NUMBER:

PHONE NUMBER:

OFFICER PHONE: 455-7710

VETERINARIAN SIGNATURE:

OFFICER FAX: 455-8102