Vanguard Direct Rocky Hill CT • VS 801-727023-1 3.00 W-135207

MUNICIPAL ANIMAL CONTROL OFFICERS REPORT

STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 CAPITOL AVENUE
HARTFORD, CT 06106

FILL IN THIS SECTION ON PAGE ONE ONLY OF THIS REPORT. USE THE FIRST PAGE TO LIST ANIMALS CARRIED OVER FROM LAST MONTH. START A NEW PAGE FOR ANIMALS IMPOUNDED THIS MONTH.

ANIMALS DISPOSED OF THIS MONTH ONLY - FILL IN TOTALS ON PAGE ONE ONLY

SOURCE	REDEEMED	SOLD AS PET	D.O.A.	EUTHANIZED	TOTAL	TOTAL COMPLAINTS INVESTIGATED	TOTAL ANIMAL BITES	TOTAL INFRACTIONS/ SUMMONS
IMPOUNDED ANIMALS ONLY	0	0	0	0	0	11	0	0

PAGE 1 OF 1 PAGES

TOWN: Beacon Falls
MONTH: February
YEAR: 2022

NUMBER	DATE IN	AD DATE	DATE OUT	COMPLAINANT NAME AND ADDRESS	TYPE OF COMPLAINT	DESCRIPTION OF ANIMAL INCLUDE - BREED, COLOR, SEX, AGE AND LICENSE # IF APPLICABLE	NAME AND ADDRESS OF OWNER OR KEEPER	REDEEMED	SOLD AS PET	D.O.A.	EUTH	CARRY OVER

PERSONALLY APPEARED AND MADE OATH TO THE TRUTH OF THE STATEMENTS IN THIS REPORT

PRINT M.A.C.O.'S NAME: Patrick Dionne

SIGNATURE OF M.A.C.O.: Patrick D

STATE OF CONNECTICUT
COUNTY OF: New Haven

DATE

NOTARY PUBLIC (Signature)

MY COMMISSION EXPIRES

	REDEEMED	SOLD AS PET	D.O.A.	EUTH	CARRY OVER
TOTALS FOR THIS PAGE ONLY	0	0	0	0	0
TOTALS FOR THIS MONTHS REPORT FILL IN TOTALS ON PAGE ONE ONLY	0	0	0	0	0

A 36 DISTRIBUTION: WHITE - CHIEF ADMINISTRATIVE OFFICER OF THE TOWN; PINK - COMMISSIONER OF AGRICULTURE; YELLOW - KEEP FOR YOUR FILE

REVISED 4-1-08

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STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE
165 CAPITOL AVENUE
HARTFORD, CT 06106

PAGE 1 OF 1 PAGES

TOWN: BEACON FALLS
MONTH: JANUARY
YEAR: 2022

FILL IN THIS SECTION ON PAGE ONE ONLY OF THIS REPORT. USE THE FIRST PAGE TO LIST ANIMALS CARRIED OVER FROM LAST MONTH. START A NEW PAGE FOR ANIMALS IMPOUNDED THIS MONTH.

ANIMALS DISPOSED OF THIS MONTH ONLY - FILL IN TOTALS ON PAGE ONE ONLY

SOURCE	REDEEMED	SOLD AS PET	D.O.A.	EUTHANIZED	TOTAL	TOTAL COMPLAINTS INVESTIGATED	TOTAL ANIMAL BITES	TOTAL INFRACTIONS/ SUMMONS
IMPOUNDED ANIMALS ONLY	0	0	0	0	0	12	0	0

NUMBER	DATE IN	AD DATE	DATE OUT	COMPLAINANT NAME AND ADDRESS	TYPE OF COMPLAINT	DESCRIPTION OF ANIMAL INCLUDE - BREED, COLOR, SEX, AGE AND LICENSE # IF APPLICABLE	NAME AND ADDRESS OF OWNER OR KEEPER	REDEEMED	SOLD AS PET	D.O.A.	EUTH.	CARRY OVER

PERSONALLY APPEARED AND MADE OATH TO THE TRUTH OF THE STATEMENTS IN THIS REPORT

PRINT M.A.C.O.'S NAME: Patrick Dionne

SIGNATURE OF M.A.C.O.: [signature]

STATE OF CONNECTICUT
COUNTY OF: New Haven

DATE

NOTARY PUBLIC (Signature)

MY COMMISSION EXPIRES ___/___/___

	REDEEMED	SOLD AS PET	D.O.A.	EUTH.	CARRY OVER
TOTALS FOR THIS PAGE ONLY	0	0	0	0	0
TOTALS FOR THIS MONTHS REPORT FILL IN TOTALS ON PAGE ONE ONLY	0	0	0	0	0