

**GALVESTON POLICE ANIMAL SERVICES UNIT**  
*Investigation Initiation Form*

Incident Type \_\_\_\_\_ Date of Incident \_\_\_\_\_

Location \_\_\_\_\_

Date Reported \_\_\_\_\_

Nature of  
Complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reportee:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Pager \_\_\_\_\_

Suspect:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
DOB: \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Types of animals involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_