

Environmental Health Division 2300 South Park Street, Room 2010 Madison, WI 53713

Phone (608) 242-6515 Animal Services Voicemail (608) 267-1989 Fax (608) 266-4858 www.publichealthmdc.com

## Request for Animal Services Case Report

Re	equestor Info	ormation:						
N	Name					Date of Request		
N	Mailing Address							
E	Email address					Phone number		
R	elationship to p	ersons mentio	ned in th	e report				
In	formation Re	•						
_	ase #	Name of pers	son	Location		Event description		
Г	ase #	mvoived		Location		Event description		
(PI wi a j	HI) and personal II be redacted fr	l information on the information on the report ned. Others the	of juvenilo s unless t at wish to	es that may be inclu the requestor is the preceive a report w	uded in the PHI owne	ct personal health informatic requested report. These iter r or the parent/legal guardia action must have a signed re	ms n for	
	Office Use Only							
	Case #	Redacted		Staff Initials		Date released		
		Yes	No					
		Yes	No					
		Yes	No					