MNICOUJOU ITAZIPCO

SIHASAPA COHENUMPA

Wakpa Wasté Animal Shelter & Clinic
Cheyenne River Sioux Tribe

16514 Rodeo Grounds Road, Eagle Butte, SD 57625
Phone: (605) 964-7387 - Fax: (605) 964-7388

A not-for-profit organization dedicated to the welfare of companion animals on the Cheyenne River Sioux Reservation

Animal Incident Report

The purpose of this form is to provide framework and to legally document incidents involving animals, under compliance of the CRST Animal Control Code. This document will not be considered completed without a signature from the complainant.

Incident Information

Date: ____/____/____ Time: _____ Location: _____

Nature of Incident: ☐ Noise ☐ At Large ☐ Bite ☐ Illness ☐ Injury ☐ Death

Reporting Party Information

Name: _____

Address: _____

Telephone: _____

Complaint:

_____

_____

_____

_____

_____

_____

_____

Any Other Party Involved

Name: _____

Address: _____

Telephone: _____

Description of Animal Dog: ☐ Cat: ☐ Male: ☐ Female: ☐

Animal Name: _____ Animal ID: _____

Breed: _____ Age: _____ Color: _____

Owner of Animal

Name: _____

Address: _____

Telephone: _____

Complainant Agreement

Your signature on this form indicates that you have read and agree to the following:

- I am at least 18 years of age and will provide proof with an official government issued form of identification if requested.
- I hereby certify that the above information is true to the best of my knowledge.
- I may be contacted again regarding this case by anyone involved with resolving this incident.
- This document may be used in the Tribal Courts as evidence or reference regarding violations it pertains to. The Tribal Courts are empowered to enter orders to have the animal destroyed or impounded. Completion of this form does not guarantee removal of the animal in question.
- The Cheyenne River Sioux Tribe, Game, Fish & Parks, Wakpa Wasté Animal Shelter and Animal Clinic, and their board of directors, administration, employees, agents, transporters, volunteers, representatives and anyone acting on their behalf is relieved from liability resulting from personal injury, wrongful death and property damage caused by the animal.

THIS IS A LEGALLY BINDING DOCUMENT REGARDING AN INCIDENT PERTAINING TO THIS ANIMAL. PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING.

I have read the preceding and agree voluntarily to the conditions set forth:

Signature: _____ Date: _____/_____/ 20_____

Print Name: _____

I have received this document, completed it and agree to forward it appropriately:

Witness Signature: _____ Date: _____/_____/ 20_____

Print Name: _____

Witness defined as any person representing the Wakpa Wasté Animal Shelter, Wakpa Wasté Animal Clinic, Animal Control Officer, Game Warden, Police Officer or anyone authorized by the Cheyenne River Sioux Tribal Council involved.

Wakpa Wasté Animal Shelter & Clinic Representative

Name: _____ Time of Arrival: _____

Complaint forwarded to appropriate office: ☐ Yes ☐ No Date forwarded: _____

Violation Citation

- ☐ Failure To Register Animal
- ☐ Failure To Vaccinate Animal
- ☐ Failure To Provide Collar/Tag
- ☐ Failure To Keep Animal Secure
- ☐ Disturbance
- ☐ Animal Bite
- ☐ Dangerous Animal
- ☐ Animal on Another Person's Property
- ☐ None
- ☐ Other: _____ Police Report/Officer: _____

_____