



COUNTY OF LOS ANGELES
DEPARTMENT OF ANIMAL CARE AND CONTROL



Report of Litter Birth

OWNER/CUSTODIAN NAME (DAM)			
ADDRESS		CITY	STATE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL OR OTHER PHONE NUMBER	
()	()	()	
ANIMAL NAME	TYPE	AGE	D.O.B.
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT		
COLOR	BREED		
LOS ANGELES COUNTY LICENSE TAG NUMBER	REGISTRY NUMBER		

OWNER/CUSTODIAN NAME (SIRE)			
ADDRESS		CITY	STATE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL OR OTHER PHONE NUMBER	
()	()	()	
ANIMAL NAME	TYPE	AGE	D.O.B.
	<input type="checkbox"/> DOG <input type="checkbox"/> CAT		
COLOR	BREED		
LOS ANGELES COUNTY LICENSE TAG NUMBER	REGISTRY NUMBER		

DATE OF BIRTH:		NUMBER OF LIVE BIRTHS:	
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	SEX	COLOR		SEX	COLOR		SEX	COLOR		SEX	COLOR
1			4			7			10		
2			5			8			11		
3			6			9			12		

SIGNATURE _____

DATE _____

This form must be completed within thirty (30) days of a litter being born.
Mail completed form to: S/N Program, 5898 Cherry Avenue, Long Beach, CA 90805.
If you have questions, please call (562) 256-7104.

*A separate **Report of Litter Transfer/Sale** must be completed for each puppy within ten (10) days after the transfer/sale.