

Dog Incident Statement

Statement Provider
Name:
Contact Information (Phone number, address, email address)
What was your involvement in the incident?
Incident Details
Date and Time of the incident:
Location of the incident:
Description of incident (if additional space required, request additional forms): _____ _____ _____ _____ _____ _____ _____
Description of dog(s) involved
Breed / Color / Gender / Name / etc: _____ _____ _____ _____ _____
Dog Injury Details
Description of injury: _____ _____ _____ _____



Dog Incident Statement

Injured Person Details (if applicable)
Name:
Contact Information:
Description of injury: _____ _____ _____
Medical Assistance Information
Details of care provided (veterinary information, doctor information, first aid provided, etc): _____ _____ _____ _____
Additional Details
Provide any additional details that may be relevant to the incident: _____ _____ _____
Evidence
Please provide any photos related to the incident to bylaws@mapleridge.ca
Signature: _____ I swear under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge, information, and belief.
Date of Submission: