



**ANIMAL BITE** (dogs + cats)  
 WITNESS STATEMENT FORM

**Person Reporting Incident**

Name			
Address			
E-mail			
Phone (cell)		Phone (home)	

**Describe Animal Involved in Incident**

Name			
Breed		Gender	
Age (approximate)		Color	

Do you know who owns the animal?       Yes     No

**Please provide any information about the owner(s) that you may know**

Name			
Address			
Phone (cell)		Phone (home)	

Please describe in detail **how** you know who the animal belongs to

**Describe the Incident**

Date		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident			

Describe what happened in the space provided below

**\*Please attach any supporting photos or diagrams upon submission.**

Date		Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Printed Name				
Signature				

*\*By submitting this form, you are confirming that the information you provide is correct to the best of your knowledge. Please submit your completed application form to **es\_contact@cityofgp.com** or in person at City on 99, 9910 99 Avenue.*