DOG FIELD INCIDENT REPORT

Anderson Township Park District

ALL SPACES MUST BE COMPLETED

NAME OF REPORTEE | TELEPHONE

STREET ADDRESS | CITY | STATE | ZIP

NATURE OF INCIDENT | DATE AND TIME OF OCCURRENCE

YOUR DOG TAG PERMIT # | REPORT RECEIVED BY:

WITNESSE(S) NAME AND CONTACT NUMBER ONLY

DETAILS OF INCIDENT: Please include all known information about other dogs involved in the situation, i.e., owner names, their permit numbers, etc. Please use the back of this form if additional space is required.

MY SIGNATURE VERIFIES THAT ALL OF THE ABOVE INFORMATION IS ACCURATE AND TRUE.

SIGNATURE

DATE

Please return form to: Anderson Township Park District, Attn: Dog Field Incident Report, 8249 Clough Pike, Cincinnati, OH 45244