



THE CORPORATION OF THE TOWNSHIP OF MULMUR
DOG BITE INCIDENT REPORT

Name of Complainant: _____ Phone: _____

Address: _____

Name of Owner of Offending Dog: _____ Phone: _____

Address: _____

Name and Description of Offending Dog: _____

Date and Time of Incident: _____

Location of Incident: _____

Description of Incident (include all person(s) and/or animal(s) involved, nature of incident, severity of bite, necessary veterinarian care, previous related incidents) Attach photos of injury if possible.

Name, Phone Number and Addresses of Witnesses:

I declare that all the information included in this report is to the best of my knowledge accurate.

Name (please print)

Signature

Date

*Please immediately call the Canine Control Officer, Olympus Dog Training, 519-942-1508 to report this and any incident(s) – **AND** mail a copy of this report to Olympus Dog Training, 374127 6TH Line, Amaranth, Ontario, L9V 2Z3 as well as to the Township of Mulmur, 758070 2ND Line E, Mulmur, Ontario L9V 0G8 Attention: Terry Horner, CAO/Clerk. For further information, please see the Township's Dog By-law 11-02 available on the website – www.mulmurtownship.ca or at the Township Office.*