



## Dog Bite Incident Report

Please submit all completed Reports to [info@mulmur.ca](mailto:info@mulmur.ca)

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, AgapiK9 Inc, 519-942-1508 to report this and any incident(s) –and mail a copy of this report to AgapiK9 Inc at [info@agapik9.com](mailto:info@agapik9.com) as well as to the Township of Mulmur, [info@mulmur.ca](mailto:info@mulmur.ca). For further information, please see the Township's Dog By-law 11-02 available on the website – [www.mulmur.ca](http://www.mulmur.ca) or at the Township Office.*