

# SW City Dog Park Incident Form



Type of Incident:: Please check 1

- Person Bitten by Dog (No Medical Attention)
- Person Bitten by Dog (Medical Attention)
- Dog Bitten by Another Dog (No Medical Attention)
- Dog Bitten by Another Dog (Medical Attention)
- Children Under Age Limit in Park
- Other Violations of Dog Park Rules

## Person Reporting Incident:

Date/Time of Incident :	Reporting Name:	Email/phone number:	
Dog Name:	Dog Breed:	Color/Size:	Tag#

## Persons/Dogs Involved in Incident

Owner Name 1:	Dog Name:	Color/Size:	Breed:	Tag #
Owner Name 2:	Dog Name:	Color/Size:	Breed:	Tag #
Owner Name 3:	Dog Name:	Color/Size:	Breed:	Tag #

## Witnesses:

Witness Name 1:	Email:	Phone#
Witness Name 2:	Email:	Phone #:

Brief Description of Incident: