

Doylestown Dog Park Incident Report Form

Please note that any incident involving bodily injury to persons or dogs requiring medical attention should be immediately reported to the Doylestown Township Police by calling 911. This form should be completed for all incidents of aggressive dog behavior & those incidents noted above regardless of the severity.

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Dog's Name _____ Breed: _____ Weight: _____ Lbs. Color _____

General Description _____

Other Individual/Dogs Involved

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Dog's Name _____ Breed: _____ Weight: _____ Lbs. Color _____

General Description _____

If names are not known please provide a full description of the individual, their dog's name and anything that may be pertinent (i.e., make, model, color of their car, license plate number, etc.) or other additional information that may assist us in this review.

Nature of the Incident

Date of Incident: ____/____/____ Time: _____ am pm

Location: Small Dog Area Large Dog Area Other (specify) _____

Describe Incident _____

Description of Injuries _____

Witnesses _____ Phone _____

Witnesses _____ Phone _____

Actions Taken:

None Ambulance Police Veterinary Other (describe) _____

Signature _____ Date _____

Note: All incidents will be handled in as timely a manner as possible. All of the guidelines of use of this facility can be found at www.doylestownrec.com. Thank you for your cooperation.