



# ANIMAL CONTROL

## WITNESS STATEMENT

File Number (office use)			
Offence Date			
Year	Month	Day	Time

Name		Address			Age	
Residence Telephone Number		Business Telephone Number			Postal Code	
CAT <input type="checkbox"/>	DOG <input type="checkbox"/>	Breed	Color		Age	Sex of animal
Can You Identify The Dog/Cat's Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of owner		Address of owner		

Location Of Occurrence  
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Details Of Occurrence

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**Should this matter go to Court, witnesses will be required to give evidence**

Witness Signature	Town Office Employee	Statement Date
		Year   Month   Day

**COMPLETED FORM MUST BE RETURNED TO TOWN OF BASHAW WITHIN FOURTEEN (14) DAYS OF OFFENCE DATE**

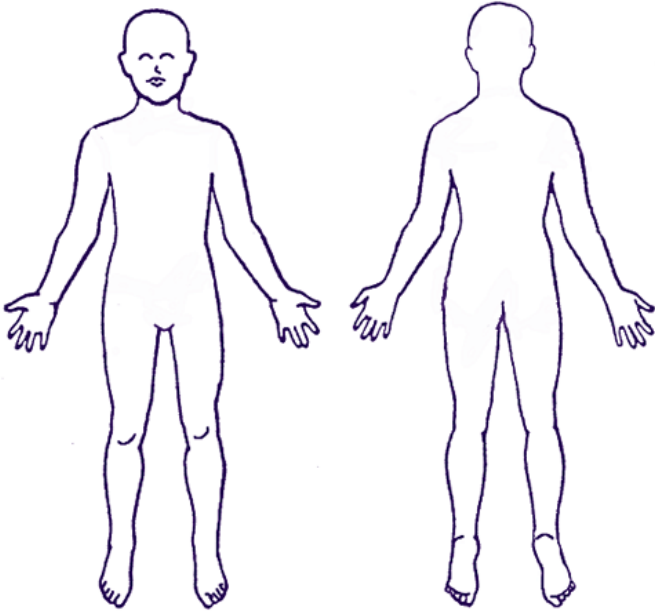


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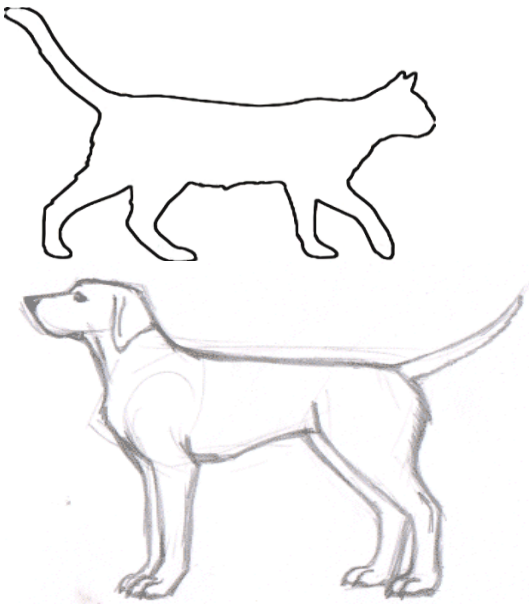
Town of Bashaw

## WITNESS STATEMENT

Using the diagrams below please indicate where you and/or your animal were injured and provide a brief description of the injuries.



Blank lined area for describing human injuries.



Blank lined area for describing animal injuries.

**Should this matter go to Court, witnesses will be required to give evidence**

Witness Signature	Town Office Employee	Statement Date Year   Month   Day
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