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 ☐	DOG ☐	Breed	Color	Age	Sex of animal

Can You Identify The Dog/Cat's Owner? ☐ Yes ☐ No	Name of owner	Address of owner

Location Of Occurrence

_____

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

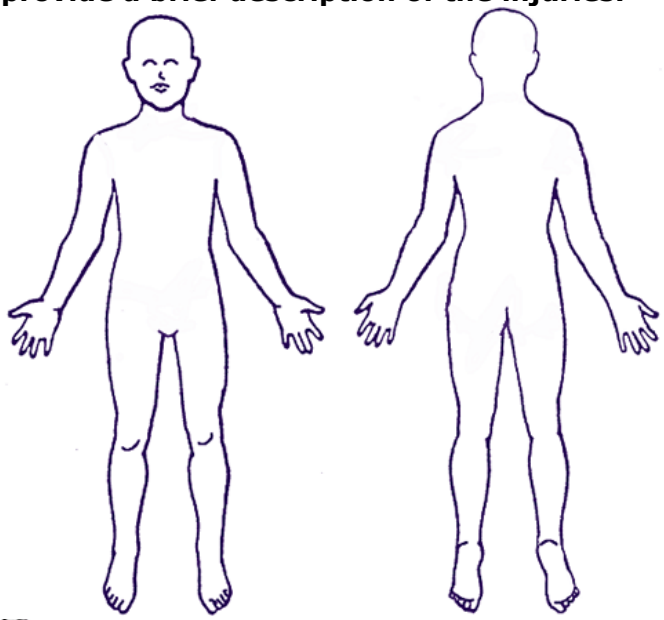
Box 510, 5011 – 52 Avenue, Bashaw, AB T0B 0H0
Ph. 780-372-3911, Fax 780-372-2335, Email: admin@townofbashaw.com

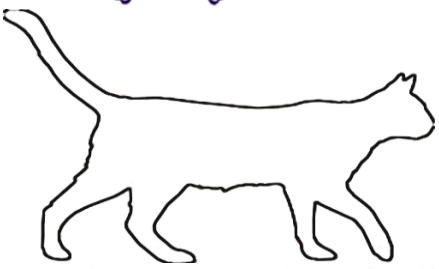
ANIMAL CONTROL

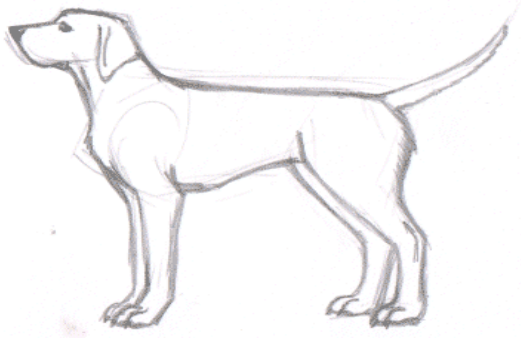
Town of Bashaw

WITNESS STATEMENT

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







<u>Should this matter go to Court, witnesses will be required to give evidence</u>

Witness Signature	Town Office Employee	Statement Date Year | Month | Day

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