

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	

<p>Location Of Occurrence</p> <hr/> <p>Details Of Occurrence</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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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

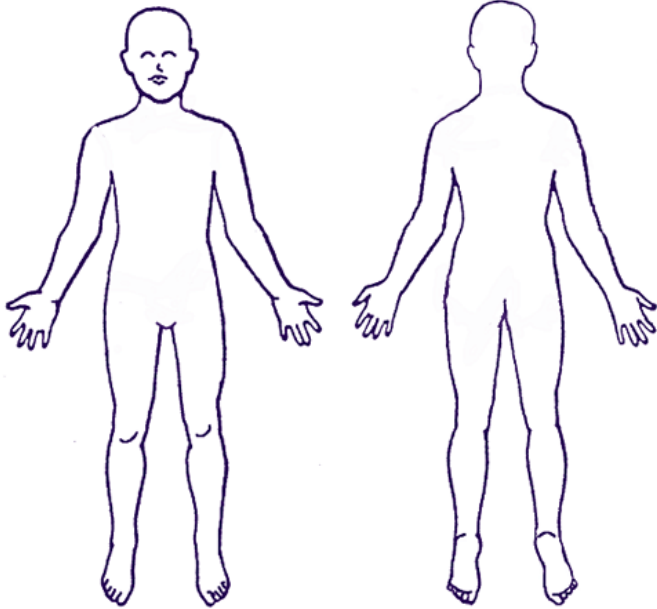


ANIMAL CONTROL

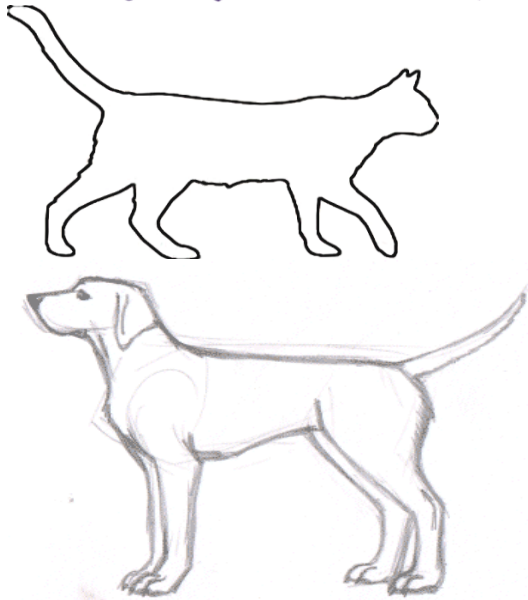
Town of Bashaw

WITNESS STATEMENT

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



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