

Town of Essex
Declaration Regarding A Dangerous Dog

Name of Owner of Dog: _____

Address: _____

Telephone Number: _____

Name of Dog: _____ Dog Tag Number: _____

Description of Dog:

Breed: _____

Colour: _____

Other Distinguishing Features: _____

Age: _____

Sex: _____

Rabies Tag Number: _____ Other Identification: _____

Date of Incident: _____

Time of Incident: _____

Location Where Incident Occurred: _____

Description of Incident: _____

Name of Witness or Victim: _____

Address: _____

Telephone Number: _____

Name of Other Witnesses and Agencies Involved (if applicable): _____

Signature of Witness or Victim

For reference purposes only: Name(s) of Investigating Police Officer(s), Name of Police Force and Badge Number(s)

Signature of Animal Control Officer

Date of Declaration

Note: If an action results from this occurrence, you may be required to give evidence.

Personal information contained in this form is collected under the authority of the Municipal Act, S.O., 2001, as amended, and will only be used for the purposes for which it was collected. Questions about this collection of information should be directed to the Clerk for the Town of Essex, 33 Talbot Street South, Essex, Ontario N8M 1A8, (519) 776-7336.