

ANIMAL BITE (DOGS & CATS)

Witness Statement Form

Section 1: Person Reporting Incident			
Name:			
Address:			
Email:			
Phone: (Cell)		Phone: (Home)	
Section 2: Describe A	nimal Involved in Incide	nt	
Name:			
Breed:		Gender:	
Age: (Approximate)		Colour:	
Do you know who owns th	ne animal?	Yes No	
Section 3: Provide Information About the Owner(s) That You May Know			
Name:			
Address:			
Phone: (Cell)		Phone: (Home)	
Please describe in detail how you know who the animal belongs to:			



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Section 4: Describe the Incident			
Date:	Time:		
Location of Incident:			
Describe what happened in the space provided below:			
*Please attach any supporting photos or diagrams upon submission.			
Section 5: Signature Fields			
By submitting this form, you are confirming that the information you provide is correct to the best of your knowledge.			
Date:	Time:		
Printed Name:	Applicant Signature:		

Submission Information

Please submit your completed application form to <u>es_contact@gppolice.com</u> or in person at the Grande Prairie Enforcement Services front counter at the Grande Prairie RCMP detachment located at 10202 99 Street.