



DOG PARK INCIDENT REPORT FORM

Please note that any incident involving bodily injury to persons or dogs requiring medical attention should be immediately reported the Town of Lexington Police by calling 911. This form should be completed for all incidents of aggressive dog behavior & those incidents noted above regardless of the severity.

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Dog Park License Number _____

Other Individual/Dogs Involved

Name _____

Dog's Name _____ Breed _____ Weight _____ Color _____

General Description _____

Nature of the Incident

Date of Incident ____ / ____ / ____ Time _____ am pm

Location Small Dog Area Large Dog Area

Incident Description _____

Description of Injuries _____

Witness _____ Phone _____

Witness _____ Phone _____

Actions Taken

None Ambulance Police Veterinary

Other (describe) _____

Signature _____ Date _____

Note: All incidents will be handled in as timely a manner as possible. All of the guidelines of use of this facility can be found at: www.lexsc.com. Thank you for your cooperation.