

## EMERGENCIES

Incidents involving injury to persons or dogs requiring emergency medical attention and suspicious activity should call 911

## NON-EMERGENCIES

Incidents involving dog bitten with no medical treatment necessary. Failure to abide by park rules. Disruptive/abusive behavior to persons and/or dogs. Should complete Park Watch Report (on reverse)

Staple or Tape	Lewes Unleashed Ass'n P. O. Box 406 Lewes, DE 19958		
	Place Stamp Here		

LEWES

UNLEASHED

REPORTING

INCIDENTS

**KEEP OUR** 

PARK SAFE

8

REQUIRED INFOR	MATION:	
Date of occurrence	e Time	
Name of Person N	laking the Report	
Email		— r
Phone		
OWNER # 1		
NAME		
ADDRESS		
PHONE ANIMAL # 1 DESC	EMAIL RIPTION	
Name	Breed	
Color/Markings		
OWNER # 2		
NAME		
ADDRESS		
PHONE ANIMAL # 2 DESC	EMAIL RIPTION	
Name	Breed	
Color/Markings		

Members can help Lewes Unleashed by providing as much information as possible regarding what occurred by completing this form. **Please note that this form is solely for the information of Lewes Unleashed and will not be given to Animal Control or other government authorities.** 

**DESCRIPTION OF WHAT HAPPENED (including any** witnesses and their contact information and description of those involved if other information not available)