

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)