



Oak Park & Bark Dog Park Incident Report Form

IN AN EMERGENCY CALL 911.

Name: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: _____ Dog FOB #: _____ Tag #: _____

Dog's Name: _____ Breed: _____ Weight: _____ Color: _____

Other Individual/Dogs Involved:

If you are unsure of an individual name, please provide a full description of the individual, the dog, or any other helpful information (car's make, model, license plate, etc.) in the general description box below.

Name: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: _____ Dog FOB #: _____ Tag #: _____

Dog's Name: _____ Breed: _____ Weight: _____ Color: _____

General Description:

Date of Incident: ____/____/____ Time: ____:____ AM ____ PM
Month Day Year

Description of incident or issue you are having:

Description of injuries:

Witness: _____ Phone: _____

Witness: _____ Phone: _____

Actions Taken: (Select all that apply)

None Police Ambulance Veterinary

Other (please explain): _____

Signature: _____ Date: ____/____/____

When finished, please email this form to recoffice@oakparkmi.gov or submit to Oak Park Recreation Department (14300 Oak Park Blvd. Oak Park, MI, 48237)

OFFICE USE ONLY:

Date Received: _____ Staff: _____ Initials: _____