

Town of Barnet

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ANIMAL CONTROL - COMPLAINT FORM

Name of Complaining Party:	
Address:	
Telephone:	Email:

Date of Incident:	
Address/Location of Animal:	
Name of Owner(s) (if known):	
Description of Animal:	Bitten: <input type="checkbox"/> Yes <input type="checkbox"/> No
Breed:	
Size:	
Color:	
Distinguishing Features:	
Complaint/Additional Details:	