



Schedule "C" to By-Law No. 2011-177

**DECLARATION REGARDING
A DANGEROUS DOG**

OFFICE USE ONLY
Notice No.:
Issue Date:
(dd/mm/yy)

DOG OWNER INFORMATION

Name:	Address:
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DISCRIPTION OF DOG

Name of Dog:	Breed:	Colour:
Dog Tag Number:	Microchip No.	Other:
Rabies Tag Number:	Year of Rabies Tag:	Veterinary Clinic:

LOCATION OF INCIDENT

Date:	Time:
Address:	Location on Property:
Location on Street:	Other:

DESCRIPTION OF INCIDENT

WITNESS INFORMATION (THE INFORMATION CONTAINED IN THIS DECLARATION IS TRUE TO THE BEST OF MY KNOWLEDGE.)

_____	_____
Signature of Witness (witness who witnessed the alleged dangerous dog bite a person or domestic animal)	Date

Please Print Your Name	
_____	_____
Address of Witness	Phone No. of Witness
_____	_____
Signature of Municipal Law Enforcement Officer	Date

FORM TO BE RETURNED IN PERSON TO: TOWNSHIP OF ORO-MEDONTE, 148 LINE 7 SOUTH, BOX 100 ORO, ONTARIO L0L 2X0

PLEASE NOTE YOU MAY BE REQUIRED TO ATTEND A HEARING IN THE EVENT AN APPEAL IS FILED.

Personal information contained in this form is collected under the authority of the Municipal Act, 2001, Chapter 25, as amended, and will only be used for the purposes for which it was collected. Questions about this collection of information should be directed to the Municipal Law Enforcement Department, 148 Line 7S., Box 100 Oro, Ontario L0L 2X0 Phone: 705-487-2171, Fax: 705-487-0133