



## William Grace Dog Park Incident Report Form

In an emergency call 911.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Dog FOB Number: \_\_\_\_\_  
(Last 5 digits beginning with the number 5)

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

### Other Individual/Dogs Involved:

If you are unsure of an individuals 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 Number: \_\_\_\_\_  
(Last 5 digits beginning with the number 5)

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

### General Description:

Date of incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ \_\_AM \_\_PM  
Month Day Year

Description of Incident:

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 [CostickCenter@fhgov.com](mailto:CostickCenter@fhgov.com) or submit to the Costick Activities Center (28600 West Eleven Mile Rd, Farmington Hills MI 48336).**

For Office Use Only:

Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_ Initials: \_\_\_\_\_