Doylestown Dog Park Incident Report Form

If a person or dog is bitten or needs medical attention, call the police first: 911 for emergencies, or 215-348-4201 for non-emergencies. Bites are handled by the police, not the Township. Then complete this form so the Township can take action regarding Dog Park membership. This form may also be used to report aggressive dog behavior, rule violations, or an ongoing Dog Park concern.

Submit to: dogpark@doylestownpa.org, or drop off at Doylestown Township, 425 Wells Road, Doylestown, PA 18901. Questions? Call 215-348-9915.

Your Information

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Alternate Phone _____

Dog Park member? ☐ Yes ☐ No ☐ Unknown

Dog's Name _____ Breed _____ Weight (lbs.) _____ Color _____

Description of person and dog _____

Other Person / Dog Involved

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Alternate Phone _____

Dog Park member? ☐ Yes ☐ No ☐ Unknown

Dog's Name _____ Breed _____ Weight (lbs.) _____ Color _____

Description of person and dog _____

Additional Person / Dog Involved (if any)

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Alternate Phone _____

Dog Park member? ☐ Yes ☐ No ☐ Unknown

Dog's Name _____ Breed _____ Weight (lbs.) _____ Color _____

Description of person and dog _____

If names are not known, please describe the person and their dog, and include anything else that may help our review (for example, the make, model, color, and license plate of their car, time & date they entered the park).

About the Incident

Date of Incident _____ / _____ / _____ Time _____ ☐ AM ☐ PM

Location: ☐ Small Dog Area ☐ Large Dog Area ☐ Entry Pavilion / Gates ☐ Parking Area

☐ Other: _____

Type of incident (check all that apply):

☐ Person bitten ☐ Dog bitten ☐ Aggressive behavior (no bite) ☐ Dog fight ☐ Guest rule violation

☐ Child under 14 in the park ☐ Gate left open ☐ Unregistered dog / non-member ☐ Other rule violation

Describe what happened *(sequence of events)*

Description of injuries (person and/or dog) _____

Was medical or veterinary treatment needed? ☐ Yes ☐ No ☐ Unknown

Were the police contacted? ☐ Yes ☐ No

If yes, police report # (if known) _____

Actions taken: ☐ None ☐ Ambulance ☐ Police ☐ Veterinary care

☐ Other: _____

Witnesses

Name _____ Phone _____

Name _____ Phone _____

Signature _____ Date _____

All reports are reviewed as quickly as possible. Dog Park rules and guidelines can be found in the Dog Park Manual and at doylestownpa.org/departments/parks-recreation/dog-park. Thank you for your cooperation.

Office Use Only

Date Received _____ Received By _____

Fob deactivated pending review: ☐ Yes ☐ No ☐ N/A Member(s) notified: ☐ Yes ☐ No

Outcome / Follow-up _____