WARREN COUNTY
DOG WARDEN

230 COOK RD. LEBANON,OH 45036
Phone#513-695-1352 Fax#513-695-2988

Complainants Name: _____ Date: ____/____/____
Address: _____ Page: ____of____
City/State/Zip Code: _____
Phone#: (_____) _____ DOB: _____ SSN: _____
Does Complainant Own or Harbor a Dog: ☐YES ☐NO
Complainants Current Dog License Number(s):_____

Date of Incident: ____/____/____ Time of Incident: ____:____ ☐AM ☐PM
Dog Owner's Name: _____
Dog Owner's Address: _____
Breed of Dog(s):_____ Color of Dog: _____ Sex: M / F

Description of Incident:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____Continue on back

I have completed, and/or read each page of this statement consisting of ____page(s), each page being signed, and I certify that the statements made within are to the best of my ability, and represent a true and factual account as to the circumstances described. I also certify that I am not under neither duress nor promise of reward, and make this statement of my own free will. **I also understand that if this case goes to trial, I will be subpoenaed into court to give testimony.** *Officer:* _____

Signature of Complainant: _____

Print This Form **Reset This Form**