



ANIMAL COMPLAINT FORM

Please complete in full and return to the Municipal Office or email to info@boissevain.ca.

Date: _____

Complainant: _____

Address of complainant: _____ Phone: _____

Name of Accused: _____

Address of Accused: _____ Phone: _____

Occurrence Date: _____

Animal Description: _____

Breed: _____ Coloring: _____

Size: _____ Sex: ☐ Male ☐ Female

Complaint: _____

Complainant Signature

Animal Control Officer