



**TOWN OF PEMBROKE
ANIMAL CONTROL OFFICER**

100 Center Street
Pembroke, MA 02359

DOG COMPLAINT FORM

COMPLAINANT:

Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

OWNER:

Name: _____

Address: _____

Home Phone: _____

Office Phone: _____

Color of Dog: _____ Sex _____ Breed _____

Dog's Name: _____ Age _____ License # _____ Year _____

Incident Date _____ Time _____ Location _____

Description: _____

Other Witnesses:

1. Name _____ Address: _____ Tel: _____

2. Name _____ Address: _____ Tel: _____

3. Name _____ Address: _____ Tel: _____

This Complaint is signed under Penalties of Perjury! I understand I may be required to appear in court or at a Selectmen's Hearing as a witness for the Town.

REMINDER: Be sure if you own a dog that it has a valid license.

Complaint Date: _____ Complainant's Signature: _____

Office Use Only

Investigating Officer: _____

Actions Taken: _____