TOWN OF EAST MONTPELIER, VERMONT SELECTBOARD

40 Kelton Rd P.O. Box 157 East Montpelier, VT 05651-0157 eastmontadmin@comcast.net (802) 223-3313 x 204 Fax: (802) 223-4467

TOWN OF EAST MONTPELIER VICIOUS DOG COMPLAINT FORM

State law (20 V.S.A. §3546) requires the Selectboard to hold a vicious dog hearing when a domestic pet or wolf-hybrid has bitten a person while the animal is off the premises of its owner or keeper, the person bitten requires medical attention for the attack, and such person files a written complaint with the Selectboard. The information submitted on this form will be used to determine whether such a hearing is warranted.

Person Reporting Attack:				
Street Address:				
Town, State, Zip Code:				
Phone #, Email:				
Date of Report:				
The facts of the attack are a	s follows:			
Date/Time:				
Place of Attack:				
Did the Person Bitten Requi	re Medical Attention:	☐ Yes	□ No	
Victim of Attack:				
Street Address:				
Town, State, Zip Code:				
Phone #, Email:				

Please provide additional facts on Page 2 of this form

Other facts that may assist the Selectboard in its investigation [for example: name/address or owner of alleged suspected dog; description of suspected dog; circumstances leading to attack; and similar details]:			

If you need additional space, please attach sheets to this form. Please submit this document and any supporting documentation to the East Montpelier Selectboard using the contact options listed at the top of this form.