



Michigan State 4-H Dog Program Mistreatment & Aggressive Dog Policy Witness Form

Date _____

Witness Name _____ Club _____

Witness Parent Name(s) _____

Member(s) and/or individuals involved _____

Dog(s) involved _____

Describe the preceding event _____

Describe the incident _____

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Leader Signature _____ Date _____

Witness Signature _____ Date _____

Parent Signature _____ Date _____

*****THIS STATEMENT WILL BE KEPT CONFIDENTIAL*****