Compliance and Enforcement
Services
PO BOX 5000, STN A
200 Brady Street
Sudbury ON P3A 5P3
311
Long Distance: 705-671-2489
Fax: 705-671-0871

STATEMENT FORM

ACR Case ID: 1049355 Date: October 1, 2020 Time: _____

Name: [redacted] [redacted] Address [redacted]
(Surname) (First name) (Street) (City) (Postal Code)

Date of Birth: [redacted]
(Day Month Year)

Phone Number [redacted]

Statement taken by: _____ Officer No. _____

On Monday September 28, 2020 I was out walking my two dogs on [redacted] when I encountered an altercation with a neighbors two dogs who were off leash.

I had both my dogs on leash when I was out walking. As I was making my way home I caught site of [redacted] at a distance of almost a football field away [redacted] was walking [redacted] two dogs off leash. Knowing these two dogs have shown agression (growling & showing teeth) to my dogs before I immediatly tried to pick up my dogs to protect them. [redacted] did not call [redacted] dogs to come, or try to get them on leash. The two dogs charged towards me & my two dogs.

I had only managed to pick up my one dog, [redacted] ~~arrived at~~ and [redacted] dog [redacted] had picked up

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Name [redacted]
(Surname) (First name)

my second dog. [redacted] had my dog locked & pinned in her mouth (it looked like she was eating him). She grabbed hold of him, had him off the ground and was shaking ~~him~~ him vigourously. [redacted] was still a four distance away. I screamed for help, and began kicking [redacted] dog in hopes she would release mine. She did not.

[redacted] began running towards the situation, and upon [redacted] arrival [redacted] finally released my dog.

We got my dog to the emergency vet ASAP. The injuries were to extreme, ~~the~~ We had to make the decision not to move forward with surgery because his chances of recovery were too slim.