

Cryptid Paranormal LLC – Dogman Encounter Report Form

Report ID (assigned): _____

Date Submitted: _____

Witness Name / Alias: _____

Preferred Contact: _____

Encounter Date & Time: _____

Location (City / County / State): _____

Nearest Landmark: _____

Description of Entity (height, build, features):

Behavior Observed:

Evidence Submitted (if any): _____

Additional Notes:
