Administration Centre
Shellharbour Civic Centre
Dharawal Country
76 Cygnet Avenue
Shellharbour City Centre NSW 2529

Postal Address
Locked Bag 155
Shellharbour City Centre NSW 2529

p. 02 4221 6111
f. 02 4221 6016
council@shellharbour.nsw.gov.au
www.shellharbour.nsw.gov.au

DOG ATTACK STATEMENT

I declare:

This statement made by me accurately sets out the evidence which I would be prepared if necessary to give in court as a witness. The statement is true to the best of my knowedge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true. Gen AI was not used in generating: its content (including by way of altering, embellishing, strengthening or diluting or rephrasing the witness's evidence)

I am _____ years of age.

DETAILS OF THE VICTIM/OWNER

Full Name		**D.O.B**	
Address			
Phone No.		**Email**	
Occupation			
Your Animal Details: Name, Age, Breed *If involved in the incident			

DETAILS OF THE ATTACK

Exact address or place where the attack took place			
Date & Time			
What were you doing?			
Who was with you?			
What direction were you going?			
What injuries did you suffer?			
Did you see a doctor? (Y/N)		**Name of doctor**	
		Address	

What injuries did your animal suffer?			
Did your pet see a vet? (Y/N)		**Name of Vet**	
		Address	
Has the attack been reported to the Police? (Y/N)		**Officers Name**	
		Station	
		Event No.	

DETAILS OF THE ATTACKING DOG (if known)

Breed		**Sex**		**Colour**	
Approximate age of dog		**Address of where the dog came from**			
In your own words, describe the incident.					
Do you wish for Council to take legal action regarding this matter? (Y/N)					

Legal action may require you to make a statement and give evidence in Court regarding this matter. If legal action is not required, a record will be kept of this incident and appropriate informal action taken against the owner of the attacking dog, where possible.

Please read through this form and if you are satisfied that all details are correct, sign in the space below:

Signed:	**Date:**

Please attach copies of any medical or veterinary reports pertaining to this attack

Your Privacy

Shellharbour City Council respects your privacy at all times. When processing your application, we collect personal information about you for the primary purpose of providing you with a high level of customer service.

For more information please see our Privacy Management Plan on our website www.shellharbour.nsw.gov.au or contact our Privacy Officer on (02)4221 6111. Information leaflets are also available at all offices and libraries.

DETAILS OF WITNESSES (if any)

	Name	**Contact No.**	**Address**
1.			
2.			
3.			