

Event No: __

All Communication address to the General Manager

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DOG ATTACK FORM

Details Of Victim/Owner Full Name: _ Address: __ _____ Occupation: ___ Date of Birth: _____ (W):____ Mobile: ____ Phone No. (H): _____ Your Animal Details (if involved): ____ **Details Of The Attack** Address where attack took place: ____ Time: _____ Date: ___ What were you doing? __ Who was with you?___ What direction were you going? ___ What injuries did you suffer?___ ____Name: __ Did you see a doctor (Yes/No)? ___ Address: ___ What injuries did your animal suffer? Did your pet see a Vet (Yes/No)? _____Name: Address: ___ Has the attack been reported to the Police (Yes/No)? _____ Officer's Name: Station: ___

Details Of The Attacking Dog _____ Sex:____ Breed: _____ Colour: _____ Approximate age of the dog: Address of where the dog comes from: In your own words describe what happened: _____ _____ (if insufficient space please use separate sheet) Do you wish for Council to take legal action regarding this matter (Yes/No)?___ (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. Date: _____ Signed: ___ **Details Of Witnesses** <u>Name</u> <u>Address</u>

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.

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