

## DOG ATTACK FORM

### Details Of Victim/Owner

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone No. (H): \_\_\_\_\_ (W): \_\_\_\_\_ Mobile: \_\_\_\_\_

Your Animal Details (if involved): \_\_\_\_\_

\_\_\_\_\_

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### 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? \_\_\_\_\_

Did you see a doctor (Yes/No)? \_\_\_\_\_ Name: \_\_\_\_\_

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: \_\_\_\_\_

Event No: \_\_\_\_\_

**Details Of The Attacking Dog**

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Details Of Witnesses**

<u>Name</u>	<u>Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**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](http://www.shellharbour.nsw.gov.au) or contact our Privacy Officer on (02)4221 6111. Information leaflets are also available at all offices and libraries.