

Dog Attack Form

Please ensure that all sections of this form are completed to the best of your ability to allow the complaint to be completed quickly.

PLEASE PRINT IN BLOCK LETTERS

Date of Application _____ / _____ / _____

Complainant Details

It is necessary to supply us with a contact number.

Applicants Name		
Residential Address		
Locality / Town	State	Postcode
Postal Address		
Locality / Town	State	Postcode
Contact Phone		
Email		

Attack Details

Residential Address.

Details of Attack.

Please include as much detail as possible about the attack.

If you require more space, please fill out Any Other Relevant Information section found on the next page.

Name of Person and/or Type of Animal Attacked		
Address		
Locality / Town	State	Postcode
Age		
Date of Attack		Time of Attack
Location where the attack took place		
Description of attack		
Did the dog cause physical injury/ies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please describe injury/ies		
Was medical /veterinary attention sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor/Veterinary		

Witness Details

Details of the witness.

Was there a witness to this attack <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness(es) name	
Address of Witness(es)	
Contact Phone	

Dog Details	
Please tick the appropriate box.	Please complete this section to the best of your ability. The more accurate the information, the easier it will be for the investigating officer to identify the dog.
	Primary Breed
	Secondary Breed
	Colour
	Description (include any distinguishing feature i.e. white chest) _____
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Did you see a registration tag <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dog Size <input type="checkbox"/> Toy (e.g. Chihuahua) <input type="checkbox"/> Small (e.g. Maltese) <input type="checkbox"/> Medium (e.g. Shepherd) <input type="checkbox"/> Large (e.g. Great Dane)
	Coat Type <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Shaggy <input type="checkbox"/> Fluffy <input type="checkbox"/> Coarse
	Appearance <input type="checkbox"/> Thin <input type="checkbox"/> Sleek <input type="checkbox"/> Medium <input type="checkbox"/> Muscled <input type="checkbox"/> Fat
	Collar <input type="checkbox"/> Choker Chain <input type="checkbox"/> Leather <input type="checkbox"/> Studded <input type="checkbox"/> Cloth <input type="checkbox"/> Other →

Dog Owner Details	
Owner/s Name	
Owner/s Address	

Any Other Relevant Information	
<p>Please include any other information that you think may be important for the purposes of this investigation.</p> <p>If you require more space, please fill out a separate piece of paper and attach to this form.</p>	

Declaration	
Please read and sign.	<i>I certify that all of the information given above is, to the best of my knowledge, true and accurate.</i>
	Signature _____ Date ____ / ____ / ____

Please note: This application and fee MUST be lodged with your Council

Office use only	
Date Received:	Application Checked: YES NO
Taken By:	
FID8209	