

DOG ATTACK STATEMENT FORM

Date: _____

Time: _____

COMPLAINANT DETAILS

Name: _____

Address: _____

Phone: (H) _____ (W) _____

VICTIM DETAILS

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Date of Birth: _____

WITNESS DETAILS

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Date of Birth: _____

DETAILS OF ATTACK

Date: _____ Time: _____

LOCATION

Street Number: _____ Street: _____

Suburb: _____ Other: _____

_____ (Beach, park, etc.)

DESCRIPTION OF DOG

Breed: _____ Colour: _____

Markings: _____ Male / Female Wearing Collar: Yes / No

Positively Identified - Date: _____ Time: _____

