City of Melville

Dog Attack Report Form

Customer Details

Name			
Address			
Phone		**Email**	

Victim Details (Complete only if different to above)

Name			
Address			
Phone		**Email**	

Witness Details (1)

Name			
Address			
Phone		**Email**	

Witness Details (2)

Name			
Address			
Phone		**Email**	

Details of Attack

Date		**Time**	
Location			

Other Details:

City of Melville

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Description of Attacking Dog

Breed:			**Colour**	
Markings:		**Male** ☐	**Female** ☐	**Collar: Yes** ☐ **No** ☐
Positively Identified	**Date**		**Time**	

Dog Owner Details

Name			
Address			
Phone		**Email**	

Description of Damage & Injuries *(Include photos where possible)*

Description of Medical/Vet Treatment *(Include vet or doctor report where able)*

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Additional Information (Please select)	Yes	No
Did the owner of the attacking dog observe the attack?	☐	☐
If No, has the dog owner been advised of the attack?	☐	☐
Are you prepared to give evidence in court?	☐	☐
Is Witness 1 prepared to give evidence in court?	☐	☐
Is Witness 2 prepared to give evidence in court?	☐	☐
Will you be taking civil action against the dog owner?	☐	☐

STATEMENT

Use the attached Statement Form to document how the dog attack occurred. Write your statement as though you were describing the events to another person. Once complete, sign and date the form.

DECLARATION

I declare the information I have provided is true and correct to the best of my knowledge and belief and that I have made the statement knowing that if it is tendered in evidence I will be guilty of a crime if I have willfully stated anything which I know to be false or do not believe to be true.

Complainant Name	
Complainant Signature	
Date	

Return the Complete Dog Attack Form, Supporting Documentation and Statement to City of Melville Rangers in person to 10 Almondbury Rd, Booragoon WA 6154 or e-mail to melsafe@melville.wa.gov.au.