



## 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: \_\_\_\_\_

**DOG ATTACK STATEMENT FORM**

**DOG OWNER DETAILS (If known)**

**Name:** \_\_\_\_\_

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

**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**INJURY DETAILS (If applicable)**

**Location of Injury:** \_\_\_\_\_

**Extent:** \_\_\_\_\_

**Was medical/Vet treatment required: Yes/No** **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Doctors Name: (If known)** \_\_\_\_\_

**Name of surgery / hospital attended:** \_\_\_\_\_

**DETAILS OF THE ATTACK: (as it occurred)**

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