



Dog Attack Statement Form

Customer 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 Owner Details

Name: _____

Address: _____

Phone: (H) _____ (W) _____

Owner in attendance when attack occurred: Yes/No

If no, was owner notified of attack Yes/No

Injury Details

Location of Injury: _____

Extent: _____

Was medical/vet treatment required: Yes/No Date: _____ Time: _____

Doctors Name: _____

Name of surgery / hospital attended: _____



Witness Statement:

"I swear that the above details are to the best of my knowledge true and correct. Should the matter come before a court of law, I shall be willing to attend, to support such facts."

Full Name: _____

Address: _____

Signature: _____

Date: _____ Time: _____