

Dog Attack Report

1 · PRIVACY AND COLLECTION NOTICE

The City of Bayswater collects personal information, including sensitive information where applicable, for the purpose of investigating reported dog attacks, administering and enforcing the *Dog Act 1976 (WA)*, and undertaking associated compliance, enforcement and legal proceedings.

Personal information is collected under the authority of the *Dog Act 1976 (WA)*, *Local Government Act 1995 (WA)*, and the City's statutory functions as a local government.

The information collected may include the complainant's name, address, contact details, details of injuries or medical treatment, witness information, information relating to animals involved in the incident, photographs, veterinary reports, medical reports, and statements provided in support of the investigation.

Some information collected may constitute sensitive information, including health information contained in medical reports, injury details, veterinary records, or information relevant to legal proceedings.

Providing this information is voluntary; however, if sufficient information is not provided, the City may be unable to investigate the incident, take enforcement action, or commence prosecution proceedings.

Personal information may be disclosed to authorised City officers, legal representatives acting on behalf of the City, the Department of Local Government, Sport and Cultural Industries, Western Australia Police Force, courts and tribunals, veterinary practitioners, medical practitioners, insurers, or other agencies where authorised or required by law.

The City takes reasonable steps to protect personal information from misuse, loss, unauthorised access, modification and disclosure. Information is retained in accordance with the *State Records Act 2000 (WA)*, approved retention and disposal schedules, and the City's records management practices.

For more information about how the City manages personal information, refer to the City's Privacy and Information Handling Policy available on the City of Bayswater website.

2 · COMPLAINANT DETAILS

Name

Address

Telephone

Email

3 · VICTIM'S DETAILS

Complete only if different to above.

Name

Address

Telephone

Email

4 · ATTACK DETAILS

Please provide date, time and exact location of the attack.

Date

Time

Dog Attack Report

Location

5 · ATTACKING DOG DETAILS

Breed, colour, sex, markings etc.

Dog Description

Dog Registration Number (if known):

Microchip Number (if known):

Whether the dog was wearing a registration tag:

Whether the dog was on a leash at the time of the attack:

Owner's Name (if known)

☐ Unknown – owner not identified at time of incident

Owner's Address (if known)

☐ Unknown – address not known at time of incident

Owner's Telephone (if known)

Type of attack:

☐ Human Injury

☐ Human No Injury

☐ Animal Attack

☐ Animal Injury

☐ Animal Death

☐ Property Damage

Additional Information:

Has this dog attacked before (to your knowledge)?

☐ Yes ☐ No ☐ Unknown

Were Rangers or Police called at the time?

☐ Yes ☐ No

Incident Number (if known):

6 · WITNESS DETAILS 1

Name

Dog Attack Report

Address

Telephone

Email

7 · WITNESS DETAILS 2

Name

Address

Telephone

Email

8 · ANIMAL VICTIM DETAILS

Name

Type of Animal

Breed

Registration Number (if applicable):

Microchip Number (if known):

Outcome:

- ☐ Injured
- ☐ Deceased
- ☐ Veterinary Treatment Required

9 · DESCRIPTION OF DAMAGE & INJURIES

Include photos where possible.

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Additional Information:

Was medical treatment required?

☐ Yes ☐ No

Was hospital treatment required?

☐ Yes ☐ No

Were photographs taken?

☐ Yes ☐ No

Are photographs attached?

☐ Yes ☐ No

10 · DESCRIPTION OF MEDICAL / VET TREATMENT

Include vet or doctor's report.

11 · ADDITIONAL INFORMATION

Please tick the applicable answer for each question.

Did the owner of the attacking dog observe the attack?

☐ Yes ☐ No

If No, has the dog owner been advised of the attack?

☐ Yes ☐ No

Are you prepared to give evidence in court?

☐ Yes ☐ No

Is Witness 1 prepared to give evidence in court?

☐ Yes ☐ No

Is Witness 2 prepared to give evidence in court?

☐ Yes ☐ No

Will you be taking civil action against the dog owner?

☐ Yes ☐ No

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12 · STATEMENT

Use the 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.

13 · SUPPORTING DOCUMENTATION ATTACHED

Tick all items attached to this report:

- ☐ Photographs of injuries
- ☐ Photographs of attacking dog
- ☐ Photographs of animal victim
- ☐ Photographs of location
- ☐ Veterinary report
- ☐ Medical report
- ☐ Hospital records
- ☐ Witness statement(s)
- ☐ Police report
- ☐ Other supporting evidence

14 · DECLARATION

The City may investigate reported dog attacks under the *Dog Act 1976 (WA)*. Providing false or misleading information may constitute an offence.

I declare that the information provided is true and correct to the best of my knowledge and belief. I understand that this statement may be used as evidence in legal proceedings and that it is an offence to knowingly provide false or misleading information.

Complainant Name

Complainant Signature

Date

Return the completed Dog Attack Form, Supporting Documentation and Statement to City of Bayswater Community Safety in person to 61 Broun Avenue Morley, by email to mail@bayswater.wa.gov.au or by mail to PO Box 467, MORLEY WA 6943.

STATEMENT FORM – DOG ATTACK

To be completed by Complainant/Victim

Name

Date of Birth (for identification purposes only)

Address

Phone

(H) _____

(M) _____

(W) _____

STATES

Signature

Date

PAGE 1 OF 2 (Please continue on page 2 if required)

Continued

Name

STATES

Signature

Date

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