



DOG ATTACK REPORT



COMPLAINANT DETAILS

Name: _____

Address: _____

Telephone: _____ Email: _____

VICTIM'S DETAILS *(complete only if different to above)*

Name: _____

Address: _____

Telephone: _____ Email: _____

ATTACK DETAILS *(date, time & exact location)*

Date & Time: _____

Location: _____

ATTACKING DOG DETAILS *(breed, colour, sex, markings etc)*

Dog Description: _____

Owners Name: _____

Address: _____

Telephone: _____

WITNESS DETAILS 1

Name: _____

Address: _____

Telephone: _____ Email: _____

WITNESS DETAILS 2

Name: _____

Address: _____

Telephone: _____ Email: _____



DESCRIPTION OF DAMAGE & INJURIES *(include photos where possible)*

DESCRIPTION OF MEDICAL/VET TREATMENT *(include vet or doctors report)*

ADDITIONAL INFORMATION *(please circle)*

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

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.

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 wilfully 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 Bayswater Rangers and Security Services in person to 61 Broun Avenue Morley, by e-mail 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: _____

ADDRESS: _____

PHONE: (H) _____

(M) _____

(W) _____

STATES

SIGNATURE: _____

DATE: _____



Continued

NAME: _____

STATES

SIGNATURE: _____

DATE: _____

