

Please print clearly in BLOCK LETTERS with a black pen. Please tick  the appropriate boxes.

**1 Details of person attacked or threatened**

Victim's name Full name

Postal address  Street or PO

Town/Locality  Postcode

Daytime contact details Phone  Mobile

Please provide: Date of birth  /  /  What is your occupation?

**2 Description of attacking dog**

What is the breed of the dog? Breed  Sex  M  F Colour

What is the approximate age of the dog?  Any other identifying features?

Address of attacking dog No. and Street  Town/locality

**3 Details of the attack**

Location or address where attack took place Street

Town/locality

**& When did the attack happen?** Time of attack  Day and date of attack

What were you doing at the time of the attack?

Who was with you?

What direction were you going?

What injuries did you suffer?

Were you seen by a doctor?  No  Yes → If YES, did you receive a medical certificate?  No  Yes

Name and address of doctor

Has this attack been reported to the Police?  No  Yes → If YES, Officer's name

Event No.  Station  OR Police assistance Line  No  Yes


Please provide details of any witnesses to the attack

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Dog attack or threatening dog report form.doc

**OFFICE USE ONLY**



Date received

Print CS staff

Department of Local Government report  No  Yes

REGISTRATION STAMP

