# **Dog Attack Report**

Dog Act 1976



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798 E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

#### **1. COMPLAINANT**

Full name			
Postal address			
Residential address			
Home phone	Work phone	Mobile	
Email		Fax	

#### 2. VICTIM DETAILS (PERSON OR DOG)

Full name				
Residential address				
Home phone	W	ork phone	Mobile	
Breed or description of	your dog (if victim)			

## 3. ATTACKING DOG & OWNER DETAILS (IF KNOWN)

Full name							
Postal address							
Residential address							
Home phone		Work phone		Mobile			
Breed or description o	f attacking dog				-		
Was the owner in atte	ndance when the	attack occurre	d?			Y 🗌 N 🗌	
If no, was the owner notified of the attack?							
Please provide details of any conversation that you had with the dog owner							

# 4. DETAILS OF THE ATTACK

Date of attack		Time of attack			
Location	1				
Please provide a full description of what happened					
Was physical injury cause	ed?		Y 🗌 N 🗌		
Did the victim require treatment from Doctor/Hospital/Vet?		/Vet?	Y 🗌 N 🗌		
Please provide details of the extent and location of injuries and treatment					
Was there any other dam	age (clothing, bicycle etc)?		Y 🗌 N 🗌		

Please provide details of any other damage				
Would you I	be prepared to give evidence in Court reg	garding this attack?	Y 🗌 N 🗌	
Where there	e any witnesses? If so, please provide th	eir details below		
1. Name		Contact number		
Address				
2. Name		Contact number		
Address				
3. Name		Contact number		
Address				

Complainant Signature	Date	/	/

## OFFICE USE ONLY

Complainant N&A	Record file	Record:	I-
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## Statement

Name	Date of birth
Address	Phone
Occupation	
Business address	Phone

## States:

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Signature Date / /