



Ref: CS
Enquires: Ranger Services

Preliminary Dog Attack Report

Dog Act 1976

1. COMPLAINANT

Full name					
Postal address					
Residential address					
Employment					
Home phone		Work phone		Mobile	
Email				DOB	

2. VICTIM DETAILS (PERSON)

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

2.1 VICTIM DETAILS (DOG)

Name					
Breed					
Color		Sex		Registration Number	
Microchip Number					

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

Owner full name					
Postal address					
Residential address					
Home phone		Work phone		Mobile	

Description of attacking dog(s) (Breed, sex, colour(s) and distinctive markings)		
Address of where dog(s) reside		
Was the owner in attendance when the attack occurred?		Y <input type="checkbox"/> N <input type="checkbox"/>
If no, was the owner notified of the attack?		Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide details of any conversation that you had with the dog owner		

4. DETAILS OF THE ATTACK (STATEMENT)

Day, date, time and place of attack
Describe what happened
What were you doing at the time
What or who initially made you aware of the incident

What you saw, heard or felt	
The demeanour and actions of the attacking dog(s)	
Where the attacking dog came from and where it went after the incident. (include full address if known)	
If injury was caused to a person or animal, detail the injuries by type and location of wounds.	
If medical/ veterinary treatment was required by whom and where the treatment was received	
Detail the effect the attacking dog had on you including long term effects.	
If any damage was caused, please detail it with an approximate cost of damage caused	
Any other information that you feel is relevant, such as the previous conduct of the dog, how you know where the dog normally resides.	
Would you be prepared to give evidence in Court regarding this attack? If no state why	Y <input type="checkbox"/> N <input type="checkbox"/>

Where there any witnesses? If so, please provide their details below			
1. Full Name		Contact number	
Address			
2. Full Name		Contact number	
Address			
3. Full Name		Contact number	
Address			

5. SUPPORTING EVIDENCE (ATTACH)

- If any photographs were taken, detail the date, time, place and whom they were taken by.
- Draw a diagram of the scene detailing where you were at the time, the streets and houses etc. on a separate sheet of paper, sign and date this document.

I declare that this report is true to the best of my knowledge and has been given of my own free will, without any threats promises or inducements. I believe that I have made this statement knowing that if it is tendered in evidence I will be guilty of a crime if I have wilfully included in this statement anything which I know to be false or that I do not believe to be true.

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Complainant Signature Date / /

OFFICE USE ONLY

Complainant N&A		Record file		Record:	
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