

ALLEGED DOG ATTACK REPORT

Please note –Please return completed form to Yass Valley Council within 48 hours. The matter will not be investigated until the completed report is returned to Council.

This report made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. This report is true to the best of my knowledge and belief, and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true. I understand in making this report that I may be required to attend court as a witness.

Details of person making the report

Given Name/s:		Surname:			
Address:		Town:		Post code:	
Phone:		Mobile:			
Email address:					
Date of Birth:		Driver's License Number:			
Occupation:					

Details of attacking dog – if known

Colour:		Breed/Description:			
Size:		Sex:	Male / Female	Desexed:	Yes / No
Approx age:		Name:			
Other identifying features: <i>i.e., Collar style & colour</i>					
Address of attacking dog:					
Owners full name:					
Owners phone number:					

Allege Attack Details

Who was attacked?

i.e.

Person –

provide full name, residential address, DOB, contact phone number. If the same as above – write ‘as above’

Dog or cat –

provide breed and description, male or female and approx. age, microchip number and NSW registration status.

Stock –

provide breed and description, male or female and approximate age

Date and time the attack occurred?

Location and description of where the attack took place?

What were you doing at the time of the attack?

How far were you from the attacking dog?

Did anyone else witness the attack?

Provide full name, contact phone number, residential address and email for each witness.

Signature: _____

Print: _____

Witnessed by: _____

Print/Title: _____

Did the attacking dog/s owner witness the attack?	
If not, do you know if they have been informed of the attack?	
Who was injured and what injuries were incurred because of the attack?	
Was medical treatment received? If yes, by who?	
Was a doctor or vet visited? <i>If so, please provide details of where and when.</i>	
Did you receive a medical certificate and or doctor or vet bill? <i>Please provide copies, as supporting evidence.</i>	
Was the attack reported to the Police? <i>If yes, provide the event number, station and officer name if known.</i>	
Is the attacking dog known to you?	
How do you hope the matter will be pursued by Council?	
A. Council to undertake appropriate legal action which may include the issuing of infringement notices and or court where you may be required to attend as a witness. B. Owner issued with a warning and no further action taken. C. Take no action but record the incident on file.	

For your information - Council does not pursue compensation for dog attacks as it is a civil matter, you will need to seek your own independent legal advice in relation to this.

Signature: _____

Witnessed by: _____

Print: _____

Print/Title: _____

In your own words, tell us what happened?

State only facts and give no opinions. Include what you saw, heard and did before the attack, at the time of the attack and following the attack.

Signature: _____

Witnessed by: _____

Print: _____

Print/Title: _____

Re-read all statements made in this report. When you are satisfied that the report is true, complete and correct sign this form.

This report made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. This report is true to the best of my knowledge and belief, and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true. I understand in making this report that I may be required to attend court as a witness.

I declare that this statement has not been made under duress.

Statement Signed	
Full name:	
Signature:	
Date:	
Time:	

A person over 18 years of age will need to witness your signature by signing and completing their details below.

Signature of Witness	
Full name:	
Signature:	
Date:	
Time:	
Date of birth:	
Residential Address:	

Attach copies of medical certificates, doctors and or vet invoices, photos and or any other relevant documents pertaining to the attack.

END OF REPORT

Signature: _____

Print: _____

Witnessed by: _____

Print/Title: _____