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Are you prepared to go to Court if necessary?

No

Yes

The Dog and Cat Management Board may be given details of the reported incident.  
Do we have your permission to give your details to the Board should they wish to speak to you?

No

Yes

Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INCIDENT INFORMATION

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Attack          | <input type="checkbox"/> Harassment        | <input type="checkbox"/> Chase    |
| <input type="checkbox"/> On child (0 -6) | <input type="checkbox"/> On child (over 6) | <input type="checkbox"/> On adult |
| <input type="checkbox"/> On animal       | Type _____                                 |                                   |

## Victim's relationship to complainant (person filling in this form)

- |                                   |                                 |                                      |
|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother   | <input type="checkbox"/> Father | <input type="checkbox"/> Self        |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Friend | <input type="checkbox"/> Son         |
|                                   |                                 | <input type="checkbox"/> Other _____ |

## Address & Location of incident

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Reserve             | <input type="checkbox"/> Footpath           | <input type="checkbox"/> Road    |
| <input type="checkbox"/> Dog Owners property | <input type="checkbox"/> Restricted Reserve | <input type="checkbox"/> Vehicle |
|  | <input type="checkbox"/> Private property   | <input type="checkbox"/> Other   |

Specify \_\_\_\_\_

Address \_\_\_\_\_

## Did the dog leave the premises to attack?

- ☐ No ☐ Yes

If yes, what property and how \_\_\_\_\_

## Was the dog

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Off leash with owner present | <input type="checkbox"/> On a leash   |
| <input type="checkbox"/> Off leash no owner present   | <input type="checkbox"/> On a vehicle |
|   | <input type="checkbox"/> Other        |

Specify \_\_\_\_\_

**Position of bite** Specify \_\_\_\_\_

## Injuries received

- |  |  |
|--|--|
| <input type="checkbox"/> Bruising        | <input type="checkbox"/> Light lacerations           |
| <input type="checkbox"/> Puncture wounds | <input type="checkbox"/> Multiple cuts & lacerations |
|  | <input type="checkbox"/> Fatal                       |

Inspector will require photos of any injuries  
Reason photos not taken \_\_\_\_\_

☐ N/A ☐ Taken

Medical treatment required?

☐ No ☐ Yes

**Personal**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expenses: \$ \_\_\_\_\_

**Stock/Pet**

Type of stock/pet: \_\_\_\_\_

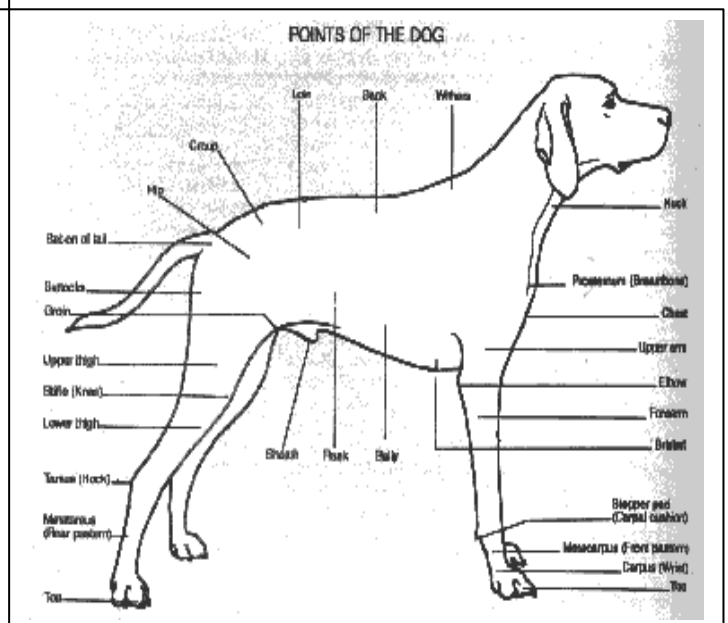
No Injured: \_\_\_\_\_

No. Dead: \_\_\_\_\_

No Destroyed: \_\_\_\_\_

Expenses: \$ \_\_\_\_\_

Please indicate specific injury/puncture locations on the model opposite.



Was there damage to personal property?

☐ No ☐ Yes

Specify \_\_\_\_\_

What were you doing at the time?

Specify \_\_\_\_\_

Was your dog on a leash (if applicable)?

☐ No ☐ Yes ☐ N/A

**Description of dog A:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Seen returning to property**Description of dog B:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Seen returning to property**Description of dog C:**

Breed \_\_\_\_\_ Colour \_\_\_\_\_

**Coat?** – Wirey – Smooth – Long – Short**Tail?** – Long – Short – Docked

Age \_\_\_\_\_

☐ Male☐ Female☐ Desexed☐ Identification☐ Collar – Colour \_\_\_\_\_☐ Captured☐ Owner took the dog☐ Observed returning to property**Details of property**Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Is/are the dog(s) known to you?**☐ No☐ Yes**Do you know the dog/s owner/s?**☐ No☐ Yes**Did you speak to the owner/s?**☐ No☐ Yes

**If so what was said** Specify \_\_\_\_\_

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**Do you know if the dog/s has/have offended before?** ☐ No ☐ Yes

**If so details of offence?** Specify \_\_\_\_\_

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**Was the incident witnessed?** ☐ No ☐ Yes

Witnesses Name \_\_\_\_\_

Witnesses contact details \_\_\_\_\_

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