



PERSONAL DETAILS:

Full Name:

Address:

Postal Address:

Phone: Mobile:

Email:

DESCRIPTION OF THE DOG ATTACK

Date & Time of attack:

Location where the attack took place:

Nature of injury sustained:

Was Medical/Veterinary attention required? Yes No

Name & Address of the Dr/Vet/Hospital:

Breed of the dog involved or best description e.g colour, size:

Address where the dog is kept (if known):

Name of the dog owner (if known):

DETAILS OF A WITNESS TO THE ATTACK

Witness Details	WITNESS 1	WITNESS 2
Full Name:		
Address:		
Mobile:		
Email:		
<i>Are you prepared to give information to Council or give evidence in court proceedings if necessary?</i>		
Consent:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>





STATEMENT

Describe in reasonable details, circumstances relating to the attack and/or any other information that may be relevant to Council investigations.

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Have you attached any further information or photos? Yes No

By signing this document, you agree that all the information provided is a true and accurate record of events.

Signature:

Date:

PLEASE RETURN COMPLETED FORM TO:

Brighton Council, 1 Tivoli Road, Old Beach

or email to admin@brighton.tas.gov.au

OFFICE USE ONLY

Name of Council Officer:

Date:

Entered:

Filed:

