

Dog Attack Form



Send to: The General Manager, PO Box 96 Jerilderie NSW 2716 or by email to mail@murrumbidgee.nsw.gov.au

More information: T: 1300 676 243 | www.murrumbidgee.nsw.gov.au |

Notes

Use this form to provide details if you or an animal has been involved in an alleged dog attack. Under the NSW Companion Animals Act, a dog attack is defined as: If a dog rushes at, attacks, bites, harasses or chases any person or animal (other than vermin), whether or not any injury is caused to the person or animal.

Please provide as much information and submit the form as early as possible so the incident can be investigated. If the matter progresses to Court, you will be requested to provide a formal statement and may be called to give evidence.

The reimbursement of costs for medical and veterinary bills or property damage is a civil matter between the victim and the dog owner. Council cannot assist you to recover any costs.

1 Your Details

Victim Parent or Guardian of a minor Witness

Full Name		Age	
Street Address			
Town	State	Postcode	
Phone	Mobile		
Email			
Postal Address	<input type="checkbox"/> as above, or:		

2 Describing the animal/s that attacked:

Dog 1

Breed	
Colour	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Approximate age	
Identifying features	

Dog 2	
Breed	
Colour	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Approximate age	
Identifying features	
3 Describing the Incident	
What was the nature of the incident? <input type="checkbox"/> Attacked <input type="checkbox"/> Bitten <input type="checkbox"/> Harassed <input type="checkbox"/> Chased (tick more than one box if relevant)	
Who was attacked or harassed? <input type="checkbox"/> Person <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
If other, what was attacked or harassed?	
Location of incident:	
Date of incident:	Time of incident:
Address and owner of attacking or threatening dog? (if known)	
Who was with you? (including animals)	
What were you doing at the time of the attack?	
What injuries were sustained?	
Was medical treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a doctor visited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of doctor:	
Address of doctor:	
Did you receive a medical certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was a vet visited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of vet:	
Address of vet:	
Has this attack been reported to the Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Name of the Officer:	
Station name or Police Assistance Line:	
Event Number:	

4 What happened

In your own words tell us what happened. Please make sure your account is **detailed, factual, accurate** and **relevant**, and you record the events in the sequence they happened.

Please attach copies of medical certificates/Doctor's reports or any other relevant documents related to the attack.

Date Completed

Important information

Privacy & Public Access to Information

Information on this form will be managed in accordance with Council's Privacy Management Policy and relevant legislation. Certain information supplied to, and held by, Council may be made available to the public under the provisions of the Government Information (Public Access) Act 2009 (GIPA Act). Further information on privacy and public access to information can be found at www.murrumbidgee.nsw.gov.au