

DOG ATTACK INCIDENT REPORT FORM

www.derwentvalley.tas.gov.au
(03) 6261 8500

P.O. Box 595
New Norfolk TAS 7140

ABN 75 384 057 266

APPLICANT DETAILS

Full Name

Address

Postal Address
(if different)

Phone

Mobile

Email

DESCRIPTION OF THE DOG ATTACK

Date & time of attack

Address where the attack took place

Nature of injury sustained

Was medical/ veterinary attention required

Name & address of the doctor/vet/hospital

Breed of the dog involved or best description

Property where the dog is kept if known

Address of the Dog Owner if known

DETAILS OF A WITNESS TO THE ATTACK

	Witness 1	Witness 2
Full Name		
Address		
Contact Information		
Is/are the witness(s) prepared to give information to Council or give evidence in court proceedings if necessary		
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, and you would be prepared to give evidence in a court proceedings if necessary.

Signature _____ Date _____

RETURN COMPLETED FORM AND ABOVE REQUIREMENTS TO COUNCIL

IN PERSON

Council Chambers
Circle Street
New Norfolk

MAIL

Customer Service
Derwent Valley Council
PO Box 595
New Norfolk TAS 7140

EMAIL

dvccouncil@dvc.tas.gov.au

OFFICE USE ONLY

Name and Position
of Council Officer

Signature of Council Officer

Date

Entered

Filed