Shoalhaven City Council

Doc No.....

Ranger Services

Dog Attack or Threatening Dog Statement

Companion Animals Act

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541
Address all correspondence to: Ranger Services Manager, PO Box 42, Nowra, NSW, Australia, 2541 I DX 5323 Nowra
council@shoalhaven.nsw.gov.au I www.shoalhaven.nsw.gov.au I Phone: (02) 4429 3433 I Fax: (02) 4422 3162

1 Details of the victim

Full name: .....

Address: .....

..... State: .....

Suburb: ..... Postcode: .....

Age: ..... Occupation: .....

Phone: .....

Mobile: .....

Email: .....

2 Description of attacking dog

Breed: ..... Sex: .....

Colour: ..... Approx age: .....

Any other identifying features: .....

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3 Details of attack

Who was attacked?: ☐ Person ☐ Dog ☐ Cat ☐ Other .....

Location/address of where attack took place:

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Time: ..... Date: .....

Address of attacking dog:

.....

.....

What were you doing at the time of the attack?:

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Who was with you? (including animals)

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What direction were you going?

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What injuries were incurred?

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Animal Description

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Was medical treatment received? ☐ Yes ☐ No

Was a Doctor / Vet visited? ☐ Yes ☐ No

Who? .....

Address: .....

.....

Did you receive a medical certificate? ☐ Yes ☐ No

Has this attack been reported to the Police? ☐ Yes ☐ No

Name of the Officer .....

Event # .....

Station .....

Or Police Assistance Line ☐ Yes ☐ No

Privacy Notification: The information provided is collected by Shoalhaven City Council for administrative purposes. This information may be included on the NSW Companion Animals Register administered by Office of Local Government NSW, and will be managed in accordance with Council's Privacy Management Plan, Council Policy, the Companion Animals Act and other legislative requirements.

478/4/16

4 Name and address of Witness 1

Full name: .....

Address: .....

.....

Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Email: .....

5 Name and address of Witness 2

Full name: .....

Address: .....

.....

Suburb: ..... Postcode: .....

Phone: ..... Mobile: .....

Email: .....

6 Victim's statement

(In your own words tell us what happened)

This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. This statement 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 statement that I may be required to attend court as a witness.

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Please re-read all statements made on this form. Please rule off any unused space after the last word in each section. When you are satisfied that all statements are correct sign this form.

STATEMENTS MADE BY YOU ON THIS FORM MAY BE USED IN A COURT OF LAW. YOUR SIGNATURE BELOW INDICATES THAT YOU ARE WILLING TO GIVE EVIDENCE IN COURT IF NECESSARY.

..... *(Date)* ...../...../.....

(Signature)

.....

Print Name

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

Please return to Shoalhaven City Council: PO Box 42 Nowra 2541 or Fax (02) 44221816

OFFICE USE ONLY

Office of Local Government Report ☐ Yes ☐ No Action Request No: .....

7 Victim's statement continued

Name: ....

Page No: ....

....

(Signature) *(Date)* ...../...../.....

Print Name

OFFICE USE ONLY

Action Request No: ....

8 Victim's statement continued

Name: ....

Page No: ....

....

(Date) ...... / ...... / ......

(Signature)

....

Print Name

OFFICE USE ONLY

Action Request No: ....