

# Dog Attack Statement Form

**Lodge Form** at Ballina Shire Council • 40 Cherry Street Ballina (Mon-Fri 8.15am to 4.30pm)  
**mail** PO Box 450 Ballina 2478 • **e** [pehd@ballina.nsw.gov.au](mailto:pehd@ballina.nsw.gov.au) • **abn** 53 929 887 369  
**t** 1300 864 444 • **w** [ballina.nsw.gov.au](http://ballina.nsw.gov.au)

## Victim Details

Full name

Street Address

Suburb

State

Postcode

Age

Occupation

## Description of Attacking Dog

Breed

Sex

Colour

Approx age

Other identifying features

## Details of Attack

Who was attacked?

Person

Dog

Cat

Other (specify)

Location/address where attack took place

Time attack took place

Date attack took place

Address of attacking dog (if known)

What were you doing at the time of the attack?

Who was with you? (including animals)

What direction were you going?

What injuries were incurred?

## Details of Attack cont'd

Was medical treatment received?  Yes  No

Was a doctor/vet visited?  Yes  No

Name of doctor/vet visited

Address of doctor/vet visited

Did you receive a medical certificate?  Yes  No

Has the attack been reported to the Police?  Yes  No

Name of police officer

Event number

Station

or police assistant line  Yes  No

## Name and address of witnesses No. 1 (if known)

Full name

Address

Suburb

State

Postcode

Age

Phone number

## Name and address of witnesses No. 2 (if known)

Full name

Address

Suburb

State

Postcode

Age

Phone number

## 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 willfully 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.

*victim's statement continued over...*

...victim's statement continued

Please re-read all statements made on this form. Please rule off any unused space after the last word in each section.

Please sign this form when you are satisfied that all statements are correct.

**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.**

Attached copies of medical certificate/doctor's reports or any other relevant documents pertaining to the attack.

Signature

Date

Print name

### Privacy Protection Notice

The completed Dog Attack Statement Form contains personal information that is being collected to enable council to investigate this matter and perform any related duty or task under relevant legislation.

Personal information is confidential, but may be subject to public enquiries under the Government Information (Public Access) Act.

The information will be processed by the Planning and Environmental Health Division, and will be stored in Council's electronic document management system.

**SUBMIT FORM to Ballina Shire Council**