



Kept by <i>(owner's name if known)</i> :	
Kept at <i>(property address if known)</i> :	
<b>Details of Attack</b>	
Date:	Time: <input type="checkbox"/> am / <input type="checkbox"/> pm
Location <i>(street/suburb)</i> :	
<input type="checkbox"/> Footpath <input type="checkbox"/> Roadway <input type="checkbox"/> Park <input type="checkbox"/> Back yard <input type="checkbox"/> Front yard <input type="checkbox"/> Other:	
What were you doing at the time of the attack:	
Who was with you <i>(including animals)</i> :	
What direction were you coming from and heading to:	
Who was attacked: <input type="checkbox"/> Person <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	
<b>Victim Person</b>	
Name of victim person: <i>(if applicable)</i>	Contact number:
Address:	
<b>Victim Animal</b>	
Name of victim animal <i>(if applicable)</i> :	Breed of victim animal:
Colour of victim animal:	Gender of victim animal:
What injuries were incurred:	
What medical treatment was received? <input type="checkbox"/> First aid at home <input type="checkbox"/> Hospital <input type="checkbox"/> DR/GP <input type="checkbox"/> Vet <input type="checkbox"/> Ambulance <input type="checkbox"/> None	
If medical treatment was received, please provide details:	
Were photos taken of any injuries sustained prior to receiving medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Address:
Did you receive a medical certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this attack been reported to the Police? <input type="checkbox"/> Yes – Police Report Number: <input type="checkbox"/> No	
<b>Supporting Documentation</b>	
Please remember to provide the following supporting documentation when submitting this form:	
<input type="checkbox"/> Copies of medical certificates/doctor reports and/or veterinary reports.	
<input type="checkbox"/> Photos of any injuries sustained prior to receiving medical treatment.	
<input type="checkbox"/> Any other relevant documents pertaining to the attack.	
Local Laws Officer initials:	Customer initials:

Other Details

<i>Local Laws Officer initials:</i>	<i>Customer initials:</i>
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