Dog Attack Information Sheet

Privacy Notice: Council is collecting the personal information you supply on this form for the purpose of investigating an alleged breach of the *Animal Management (Cats and Dogs) Act 2008.* Council deals with personal information in accordance with law, including the *Information Privacy Act 2009.*



This form is to be completed to provide details on a witnessed dog attack to assist Rockhampton Regional Council with their investigation.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Contact Details							
I am the:	Dog Owner	Dog Owner 🗌 Witness Req		Reques	uest number (if known):		
Contact name:				•			
First			Middle			Last	
Title: 🗆 Mr 🗆 Miss 🗆 Mrs 🗆 Ms 🗆 Other (please specify):							
Date of birth:			Driver's licence number (ID):				
Preferred contact number:			Email:				
Residential Address							
Street number and name:							
Suburb:			State:		Postcode:		
Postal address (if different):							
Witness Details							
Please provide details of any other witnesses to the attack:							
Name:			Contact number:				
Address:							
Name:			Contact number:				
Address:							
Description of Attacking Dog							
Dog 1	-						
Breed:	Colour:				Gender:		
Any other identifying features (approx. age):							
Kept by (owner's name if known):							
Kept at (property address if known):							
Dog 2							
Breed:	Colour:		Gender:				
Any other identifying features (approx. age):							
Local Laws Officer initials:			Customer in	itials:			

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Kept by (owner's name if known):							
Kept at (property address if known):							
Details of Attack							
Date:		🗆 am / 🗆 pm					
Location (street/suburb):							
□ Footpath □ Roadway □ Park □ Back yard □ Front yard □ Other:							
What were you doing at the time of the attack:							
Who was with you (including animals):							
What direction were you coming from and heading to:							
Who was attacked:							
Victim Person							
Name of victim person: (if applicable)		Contact number:					
Address:							
Victim Animal							
Name of victim animal (if applicable):		Breed of victim animal:					
Colour of victim animal:		Gender of victim animal:					
What injuries were incurred:							
What medical treatment was received?							
□ Vet		☐ Ambulance	□ None				
If medical treatment was received, please provide details:							
Were photos taken of any injuries sustained prior to receiving medical treatment?							
Name: Address:							
Did you receive a medical certificate?							
Has this attack been reported to the Police?							
Supporting Documentation							
Please remember to provide the following supporting documentation when submitting this form:							
□ Copies of medical certificates/doctor reports and/or veterinary reports.							
Photos of any injuries sustained prior to receiving medical treatment.							
□ Any other relevant documents pertaining to the attack.							
Local Laws Officer initials: Cu	initials:						

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Other Details	

Customer initials: