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|  | **Dog Report** | Version No: | V 01.00 |
| Reviewed Date: | 27/11/2018 |
| Next Review: | 27/11/2020 |

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| **Your details** |
| Name: Click here to enter text. | Contact Phone: Click here to enter text. |
| Residential Address: Click here to enter text. |
| Postal Address: Click here to enter text. |
| Email: Click here to enter text. |

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| **Witness details** |
| Name: Click here to enter text. | Contact Phone: Click here to enter text. |
| Residential Address: Click here to enter text. |
| Postal Address: Click here to enter text. |
| Email: Click here to enter text. |

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| **Dog owner details (if known)** |
| Name: Click here to enter text. | Contact Phone: Click here to enter text. |
| Residential Address: Click here to enter text. |

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| **Incident Details** |
| Type: [ ]  Barking [ ]  Dog attack on another animal [ ]  Dog attack on a human[ ]  Dog harassment towards another animal[ ]  Dog harassment towards a human[ ]  Wandering at Large |
| Date: Click here to enter a date. | Time: Click here to enter text. |
| Exact address location: Click here to enter text. |
| Description of dog: Click here to enter text. | Name (if known): Click here to enter text. |
| Did the dog have a collar: [ ] Yes [ ] No  | Disc number (if known):  |
| Do the parties know each other: [ ] Yes [ ] No |

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| Incident severity: [ ]  1. Dog that exhibits menacing aggression, without actually biting[ ]  2. Dog that inflicts a single (not serious) bite wound where offending dog was provoked[ ]  3. Dog that inflicts a single (not serious) bite wound without provocation[ ]  4. Dog that inflicts multiple bite wounds where offending dog was provoked[ ]  5. Dog that inflicts multiple bite wounds without provocation[ ]  6. Life threatening attack (potential grievous bodily harm)[ ]  7. Attack of Level 3 or above whilst the subject of a Dangerous Dog or Destruction Order[ ]  8. Attack of Level 3 or above and the owner has had a dog in the previous 5 years that was the subject of a Dangerous Dog or Destruction Order *(please turn over to describe the incident)* |

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| Incident description: Click here to enter text. |

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| Are you prepared to supply a written statement on the incident? [ ] Yes [ ] No |

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| *To my knowledge, the details provided are all a true and correct statement.* Name: Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_Click here to enter a date.\_ If submitting electronically (without signature): [ ]   *I authorize that by ticking this box, I understand that I am submitting a true and accurate statement.* |