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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.* |