

KIAMA MUNICIPAL COUNCIL RANGERS TEAM

KIAMA RANGERS FIELD DOG ATTACK OR THREATENING FORM

DETAILS OF THE VICTIM

Name (full name):			
Address (full address):	No:	Street:	Suburb:
	State:	Postcode:	
Contact Phone Numbers:	Home:	Mobile:	Work:
Occupation:			DOB:

DETAILS OF THE ATTACK

Location or address where attack took place:	
Time of attack:	Date of attack:
Address of the attacking dog (if known):	

DESCRIPTION OF ATTACKING DOG

Breed:	Colour:
Sex:	Approximate age of the attacking dog:
Any other identifying features:	

DETAILS OF THE ATTACK

What were you doing at the time of the attack?
Who was with you?
What direction were you going?

What injuries did you suffer	
Were you seen by a Doctor? Yes / No	Did you receive a medical certificate? Yes / No
Name of Doctor:	Address of Doctor:

Has this attack been reported to the Police? Yes / No	Name of the Officer:
Station Name or Police Assistance Line:	Event No:

Name & Address of any witness/es:	
Name:	Address:
Name:	Address:
Name:	Address:

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM. Thank You

