
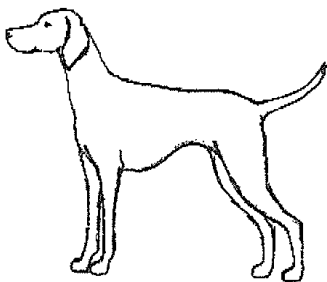
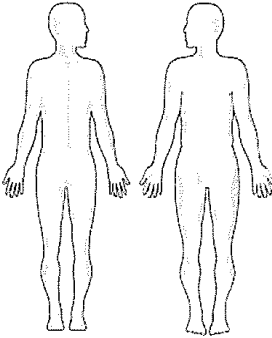


<h1>Dog Attack Report Form</h1>		 <b>Government of South Australia</b> Dog and Cat Management Board					
<b>Definition of attack:</b> <i>A dog causes direct physical harm or injury to a person or owned animal</i>							
Complete only for first attendance of a particular episode This form is to be completed by Council in the case of a dog attack on a person or on another animal. Please return completed form to Dog and Cat Management Board, GPO BOX 1047, ADELAIDE SA 5001, by FAX: 08 8124 4648, or by EMAIL: <a href="mailto:dcmb@sa.gov.au">dcmb@sa.gov.au</a>							
<b>A. REPORTING PARTY</b>							
Name		Phone					
Address		Post Code					
Do we have permission to contact them again?    YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>B. INCIDENT INFORMATION</b>							
Date of Incident		Time of incident    AM <input type="checkbox"/> PM <input type="checkbox"/>					
Address of Incident		Post Code					
Place of occurrence	On public footpath	<input type="checkbox"/>	At home	<input type="checkbox"/>	On a reserve	<input type="checkbox"/>	
	Home of friend/family	<input type="checkbox"/>	In a vehicle	<input type="checkbox"/>	At a dog park	<input type="checkbox"/>	
	Other (please specify)	<input type="checkbox"/>					
Were there any witnesses?    YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, provide details</i>							
What happened?(Attach an A4 sheet if required)							
Was the attacking dog provoked?    YES <input type="checkbox"/> <i>If yes, how?</i> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>							
Who was in charge of the dog at the time of the attack?							
Was the attacking dog on a leash?    YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>							
<b>C. INJURED ANIMAL INFORMATION</b>							
OWNER	Name		Phone				
	Address		Post Code				
ANIMAL	Name		Species/Breed				
	Physical Description (colour, markings etc.)						
	Desexed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>		
	Sex		M <input type="checkbox"/>	F <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>		
	Age						
Nature of most severe injury		Fracture	<input type="checkbox"/>	Cut/Laceration	<input type="checkbox"/>	Superficial Abrasion	<input type="checkbox"/>
		Bruise	<input type="checkbox"/>	Crushing Injury	<input type="checkbox"/>	Penetrating Wound	<input type="checkbox"/>
		Puncture	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>		
Body part affected (Also circle image)							
Head	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>				
Neck	<input type="checkbox"/>	Forelegs	<input type="checkbox"/>				
Back	<input type="checkbox"/>	Hind legs	<input type="checkbox"/>				
Tail	<input type="checkbox"/>	Forelegs	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>						
Outcome/ Treatment							
None	<input type="checkbox"/>	Hospital Admission	<input type="checkbox"/>				
Vet Consult	<input type="checkbox"/>	Death/Euthanasia	<input type="checkbox"/>				
Other (specify)	<input type="checkbox"/>						

### D. ATTACKING DOG INFORMATION (one form per dog)

DOG OWNER	Name	Phone
	Address	Post Code
DOG	Name	Breed
	Physical Description (colour, markings, etc.)	
	Desexed?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
	Sex	M <input type="checkbox"/> F <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
	Age	
Was the dog registered with Council at the time of the incident? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
Was the dog involved in any previous incidents or complaints? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		
If yes, please provide details (attach A4 where relevant)		
What in your opinion what was a possible reason(s) for the attack?		

### E. INJURED PERSON INFORMATION

Name		Phone
Address		Post Code
Gender	M <input type="checkbox"/> F <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	Age of Victim
Nature of most severe injury	Fracture <input type="checkbox"/>	Cut/Laceration <input type="checkbox"/>
	Bruise <input type="checkbox"/>	Crushing Injury <input type="checkbox"/>
	Puncture <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
Do we have permission to contact them again?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Were multiple bites delivered by a single attacking dog?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Did the injured person know the dog?		YES <input type="checkbox"/> If Yes, how? <input type="checkbox"/> NO <input type="checkbox"/>
Body Part Affected (Also circle image)		
Head/Face <input type="checkbox"/>	Back <input type="checkbox"/>	
Neck <input type="checkbox"/>	Arms/Hands <input type="checkbox"/>	
Stomach <input type="checkbox"/>	Legs/Feet <input type="checkbox"/>	
Chest <input type="checkbox"/>	Backside <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>		
Outcome/Treatment		
None <input type="checkbox"/>	GP Consult <input type="checkbox"/>	
Hospital <input type="checkbox"/>	Death <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>		

### F. COUNCIL ONLY

COUNCIL	Name	Phone
	Address	Post Code
Filled in by	Name	Position
What, if any, orders will be issued to the dog or its owner?		
If an order is NOT issued, please give reasons		
Has the Boards aggression incident severity scale been reviewed for this attack?		
Microchip Number	Registration Number	

# Port Augusta City Council Officer's Report

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## Details of the Attack/Harassment

<b>Officer ID -----</b>
Type of Attack -----
Time of Attack -----
Date of Attack -----
Brief description of the Attack ----- ----- ----- ----- ----- ----- ----- ----- ----- -----

### Description of the dog(s)

Description of the dog(s) ----- ----- -----
Type of Dog(s) -----
Sex of Dog(s) -----

### Location of the incident

Location of the alleged attack/harassment ----- -----
Was the alleged attack/harassment on public or private land ----- -----
Was anyone in control of the dogs----- -----

**Description of the alleged victim/owner**

Victim/owners name -----

Address -----  
-----

Home telephone number/preferred contact number-----

**Dog(s) Owner information**

Dog(s) owner name -----

Dog(s) owner address -----  
-----

Contact details if known -----

**Outcome**

Action taken -----  
-----

Orders considered -----  
-----

Registration status-----  
-----

Officers Comments-----  
-----  
-----  
-----  
-----  
-----

**Final date for action** -----

\* Note action must commence within 6 months of the date of the offence.

**Record of Interview**

**Alleged dog attack/harassment**

**Victim/witness**

After identifying myself as an Authorised officer of the Port Augusta City Council the following record of interview was completed on the -----day of -----20----- in response to an alleged dog attack/harassment that took place at-----am/pm at-----  
-----

Officers' signature -----

The Port Augusta City Council has received a report of an alleged attack/harassment that took place at -----  
-----

Do you have any information regarding the alleged attack/harassment? Yes/No

Where did the alleged attack/harassment take place?-----  
-----

Can you briefly describe the attack/harassment in your own words? -----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

Are you prepared to provide a full written statement of the Alleged attack/harassment? Yes/No

Was the dog owner or another person responsible for the control of the dog(s) present during the alleged attack/harassment? Yes/No

If yes, did the dog owner/ responsible person take any action to try to prevent the alleged attack/harassment? -----  
-----  
-----  
-----

Did you notice anyone else witness the alleged attack/harassment? Yes/No

If yes, can you provide their details? -----Name-----  
-----Address-----  
-----

What injuries or damage occurred as a result of the alleged attack/harassment? -----  
-----  
-----

Can you describe the Dog(s) involved in the Alleged attack/harassment? -----  
-----

How would you describe the Dog(s) breed? -----  
-----

How would you describe the height of the dog(s)? Small    Medium    Large

What colour is the dog(s)? -----

What sex is the dog(s)? -----

Did you notice a collar and disc on the dog(s)? Yes/No

If yes, what colour was the disc? -----

Are you prepared to attend Court and provide information regarding this alleged attack/harassment? Yes/No

If no, Why? -----  
-----  
-----  
-----

**Victim/Witness Declaration**

I -----of-----  
-----state that I have read the above statement and understand it to be a true and accurate representation of the facts regarding an alleged dog Attack/harassment that took place at -----  
-----on the -----day of -----20-----.

Victim/witness signature-----date-----

Please print name and address -----  
-----  
-----

**Record of interview**

**Alleged dog attack/harassment**

**Dog(s) owner**

Statement taken by -----on behalf of the Port Augusta City Council in relation to an alleged dog attack/harassment that took place at-----on-----the----- of -----20-----at -----am/pm.

After informing the dog(s) owner of the alleged dog attack/harassment I asked the following questions.

What is your full name? -----

What is your full postal address? -----  
-----

Do you own a Dog(s)? Yes/No

If yes, what breed and sex of dog(s) do you own? -----  
-----

If yes, what colour is your dog(s)? -----  
-----

If yes, how long have you owned the dog(s)? -----  
-----

If yes, is the dog(s) registered? -----  
-----If no, do you know who is responsible for the control of the dog(s) alleged to have attacked/harassed? ----  
-----  
-----

Are you aware of the dog attack/harassment that took place? Officer to list comments-----  
-----  
-----  
-----

If yes, can you briefly describe the attack/harassment? -----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

If yes, did anyone else witness the alleged attack/harassment? Yes/No

If yes, do you have details of witness? -----  
-----  
-----

Are you prepared to provide a full written statement? Yes/No

If yes, when would you like Council to pick up the Statement? -----  
If no, why? -----  
-----

Is there any other statement that you would like to make in relation to the alleged dog attack/harassment? -----

-----  
-----  
-----  
-----  
-----  
-----  
-----

**Dog(s) owner/person responsible for the control of the dog(s) Declaration**

I -----of-----  
-----state that I have read the above statement and hereby declare that I understand it to be a true and accurate representation of the facts regarding an alleged dog Attack/harassment that took place at -----  
-----on the ----- day of -----20-----  
-----.

Signature-----date-----

Please print name and address -----  
-----  
-----