# **Dog attack investigation request**



### When to use this form

Use this form if you or your animal has been attacked by a dog and you would like the City's Animal Management Officers to investigate.

If you would prefer to talk to someone, you can contact our Animal Management team by telephone on 6238 2711.

# Location of incident Unit/street number (or name of location, such as Princes Park) Required Street name Required Suburb Required

### **Details of incident**



If other, please provide details

| Date of attack         Required           D         D         M         Y         Y         Y   |
|---|
| Approximate time of attack Required   |
| Detailed description of what happened Required  |
| What did the dog look like? (if known, include a detailed description such as breed, colour, size and details of collar) Required                                   |
| Was the dog with a person? (Select 1 option) Required<br>yes<br>no  |
| If yes, please provide a description of the person (and their name, if you know it)   |
| Do you know where the dog is kept? (Select 1 option) Required<br>yes<br>no  |
| If yes, please provide as much detail as possible, (including the address where the dog lives, or the approximate<br>location if you don't know the exact address). |

| Did you get medical or veterinary help after the attack? (Select 1 option)       Required         yes       no   |
|--|
| If yes, where possible if you could include a copy of any documentation (such as a report) that may outlined the injuries sustained. Include photos if you have them.<br>Please attach all files to the end of this form before submitting it. |
| If you need to send more than three files please email them to coh@hobartcity.com.au and refer to the form receipt number, which is shown when you submit this form.   |
| Please provide any other information that may help our Animal Management Officers in the investigation.  |

## Personal details

Please note that your contact details are needed for our Animal Management Officers to act on this request and so we can keep you informed. This information remains confidential and is not disclosed to the owner of the dog.

| First name Required       |  |
|---------------------------|--|
|                           |  |
|                           |  |
| Last name Required        |  |
|                           |  |
|                           |  |
| Email address             |  |
|                           |  |
|                           |  |
| Telephone number Required |  |
|                           |  |

| Address Required                                    |
|---|
|   |
|   |
| Postal address (if different to above)              |
|   |
|   |
| Preferred contact method (Select 1 option) Required |
| email   |
| telephone   |
| Australia Post                                      |
| SMS   |

### Declaration

| In submitting this form: (Select 1 or more options)                     |
|---|
| I declare the information I have provided is true and correct. Required |
| I agree that by typing my name below I have signed this form. Required  |
|   |
|   |
| Name of signatory Required  |
|   |
|   |
|   |
| Date Required   |
| D D M M Y Y Y Y   |

For information on how Council manages, handles, and protects personal information it collects please refer to the <u>Privacy Statement and Policy</u> <u>https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement</u>.

End of form Don't forget to attach all files before submitting this form