

Statement Form

Dog Attack Allegation

logan.qld.gov.au

REQUEST NUMBER			
Inspector's Name		Inspector's Phone Number	(07) 3412
Inspector's Email	@logan.qld.gov.au		

Privacy Collection Notice

Logan City Council is collecting your personal particulars (name, address, contact, email) and payment details and your pet's details in accordance with the Animal Management (Cats and Dogs) Act 2008 and Council's Local Laws, for the purpose of processing your application for an animal keeping/breeding approval. The information will only be accessed by employees and/or Councillors of Logan City Council and may be shared with animal welfare organisations such as RSPCA Qld and Animal Welfare League and/or local government agencies for the purpose of reuniting you with your pet. Some of this information may be given to the state department responsible for local government should your dog be declared a Regulated dog. Your information will not be given to any other person or agency unless you have given us permission or we are required/authorised by law.

DETAILS OF COMPLAINANT <input type="checkbox"/>		DOG OWNER <input type="checkbox"/>		WITNESS <input type="checkbox"/>		(please tick)	
Name						Date of birth	
Address						Postcode	
Contact Details:	Mobile		Home		Work		
	Email						

DETAILS OF ALLEGED ATTACKING DOG(S)

Animal Name							
Address where the dog is kept						Postcode	
Breed							
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Colour				
Distinguishing features (e.g. spots, markings, scars, missing part of ear, broken tooth, etc)							
Description of coat/fur (e.g. smooth, scruffy)							
Description of collar							
Size	Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>				
Approximate weight (kg)					Approximate age of dog		

Statement Form

Dog Attack Allegation

logan.qld.gov.au

DETAILS OF INCIDENT

Day and date of incident		Time		am/pm
Address where incident took place				
				Postcode
Place of Incident	At Owner/Keeper home	<input type="checkbox"/>	Home of family/friend	<input type="checkbox"/>
	At a park/dog off leash park	<input type="checkbox"/>	Private property	<input type="checkbox"/>
	Public place/school	<input type="checkbox"/>	Public footpath	<input type="checkbox"/>
	Other			
Was dog/s on leash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did the dog attack you, someone else or another animal?	<input type="checkbox"/> You	<input type="checkbox"/> Someone else	<input type="checkbox"/> Another animal	<input type="checkbox"/> No
Describe what was involved in the attack (e.g lunging, biting, snapping, taking hold of an animal's neck/throat, biting and shaking, etc).				
Describe in detail the nature of the injuries sustained from the attack (e.g bruising of right lower leg, six punctures to left forearm, cuts to right ankle, death of animal, etc).				
Please provide photo/s of injury.				
Describe in detail the medical and/or veterinary treatment that was sought. Please provide doctor and/or vet details and report.				
If the dog involved in the incident attacked someone else, what is their name, address and contact details?	Address			
			Postcode	
	Mobile		Home	Work
	Email			

Statement Form

Dog Attack Allegation

logan.qld.gov.au

DETAILS OF INCIDENT (continued)

Did the dog involved in the incident cause you fear?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe why you were fearful (e.g. the dog rushed, was growling with teeth bared, etc).						
Did the dog involved in the incident cause someone else fear?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If the dog involved in the incident caused someone else fear, what is their name, address and contact details?	Address					
				Postcode		
	Mobile		Home		Work	
	Email					
Did the dog involved in the incident cause another animal fear?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
How do you know the animal was fearful of the dog involved in the incident? (e.g. whimpering, cowering, shaking, etc).						
What do you believe caused the incident? (e.g. loud noise, dog/s wandering, etc).						
Were there any witnesses to the incident? If yes, please provide their name, address and contact details	Address					
				Postcode		
	Mobile		Home		Work	
	Email					

Statement Form

Dog Attack Allegation

DETAILED STATEMENT OF THE INCIDENT IN CHRONOLOGICAL ORDER (Continued)

If necessary, please complete additional pages and sign each page.

I have been advised by _____, the investigating officer, that should this matter proceed to Court or the Queensland Civil Administrative Tribunal (QCAT), I may be required to appear as a witness. I understand I may also be required to continue to assist Council in its investigation beyond providing this statement. I have been advised that if I refuse to appear as a witness (if required) or continue to assist in the investigation Council may be limited in what action I can take as a result of the incident, including not being able to take any action.

Justices Act 1886

I acknowledge by virtue of section 110A(6C) of the *Justices Act 1886* that:

- (i) This written statement by me dated _____ and contained in the pages numbered 1 to _____ is true to the best of my knowledge and belief; and
- (ii) I make this statement knowing that, if it were admitted as evidence, I may be liable to prosecution for stating in it anything that I know is false.

Name:

Signature:

Date: / /