Renmark Paringa Council

PO Box 730 RENMARK SA 5341 T (08) 8580 3000 F (08) 8580 3030
E council@renmarkparinga.sa.gov.au
W www.renmarkparinga.sa.gov.au

DOG INCIDENT REPORT FORM

Dog Incident Statement

RENMARK PARINGA COUNCIL

ENQUIRIES AND APPLICATION / REGISTRATION FORMS TO:
Renmark Paringa Council –
PO Box 730 61 Eighteenth Street, Renmark SA 5341
Phone: 08 8580 3000
Email: council@renmarkparinga.sa.gov.au

INFORMANT DETAILS

Name:			
Date of Birth:			
Residential Address:			
Postal Address:			
Phone Number:			
Email Address:			
Date of the Statement:		Time:	am/pm

DESCRIPTION OF EVENTS

Time incident occurred: am/pm
Date incident occurred:
In your own words, describe the incident below:

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DESCRIPTION OF EVENTS (Continued)

Are you prepared to go to court if necessary? ☐ Yes ☐ No

The Dog and Cat Management Board will be given details of the reported incident. Do we have your permission to give your details to the Board should they wish to speak to you? ☐ Yes ☐ No

COMPLAINANT'S SIGNATURE

Signature:		**Date:**	

TYPE OF INCIDENT

☐ Attack	☐ Harassment	☐ Chase	☐ On Child	☐ On Adult
☐ On Animal	Type of animal:			

VICTIMS RELATIONSHIP TO COMPLAINANT (Person Filling in This Form)

☐ Self	☐ Mother	☐ Father	☐ Son	☐ Daughter	☐ Friend
☐ Other:					

ADDRESS & LOCATION OF INCIDENT

☐ Reserve	☐ Footpath	☐ Road	☐ Dog Owners Property	☐ Private Property	☐ Park	☐ Other
Specify:						
Address:						
Did the dog leave the premises to attack? ☐ Yes ☐ No						
If yes, what property and how?						

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INCIDENT INFORMATION – WAS THE DOG

☐ Off leash with owner present	☐ Off leash with no owner present	☐ On a leash	☐ Other
Specify:			
(If applicable) Was your dog on a leash? ☐ Yes ☐ No			
Is/are the dog/s known to you? ☐ Yes ☐ No			
Do you know the dog/s owner/s? ☐ Yes ☐ No			
Did you speak to the owner/s? ☐ Yes ☐ No			
If so what was said? Specify:			

INJURIES RECEIVED

Human body part injured - Position of bite – Specify:				
Animal body part injured - Position of bite – Specify:				
☐ Bruising	☐ Light Lacerations	☐ Puncture wounds	☐ Multiple cuts & lacerations	☐ Fatal
Inspector will require photos of any injuries: ☐ N/A ☐ Photos Taken				
Reason photos were not taken:				

MEDICAL TREATMENT REQUIRED?

☐ Yes ☐ No

Personal	
Doctor/Clinic Name:	
Phone:	
Address:	
Expenses:	$
Pet/Livestock	
Veterinary Clinic Name:	
No. of animals Injured:	
No. of animals dead:	
No. of animals destroyed:	
Expenses:	$

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DESCRIPTION OF DOG/S

Description of dog A:

Breed:		
Colour:		Markings:
Coat:	☐ Wirey ☐ Smooth ☐ Long ☐ Short	
Tail:	☐ Long ☐ Short ☐ Docked	
Gender:	☐ Male ☐ Female ☐ Desexed	
Identification:	☐ Collar – Colour:	

☐ Captured ☐ Owner took the dog ☐ Seen returning to the property

DESCRIPTION OF DOG/S

Description of dog B:

Breed:		
Colour:		Markings:
Coat:	☐ Wirey ☐ Smooth ☐ Long ☐ Short	
Tail:	☐ Long ☐ Short ☐ Docked	
Gender:	☐ Male ☐ Female ☐ Desexed	
Identification:	☐ Collar – Colour:	

☐ Captured ☐ Owner took the dog ☐ Seen returning to the property

KNOWN HISTORY OF BEHAVIOUR

Do you know if the dog(s) has/have offended before? ☐ Yes ☐ No

If so what are the details of the offence? Specify:

WITNESSES

Was the incident witnessed? ☐ Yes ☐ No

Witness name:	
Witness phone number:	
Witness address:	