

DOG ATTACK REPORT DETAILS OF THE VICTIM

Name (Full Name): _____

of (Full Address): _____

Date of Birth: _____ Occupation: _____

Phone No. (H): _____ (W): _____ Mobile: _____

DETAILS OF THE ATTACK

Address where attack took place: _____

Time: _____ Date: _____

Address of where the dog lives: _____

DESCRIPTION OF DOG

Breed: _____ Sex: _____ Colour: _____

Approximate age of the dog: _____

DETAILS OF THE ATTACK

What were you doing? _____

Who was with you? _____

What direction were you going? _____

What injuries did you suffer? _____

Where you seen by a Doctor: _____

Doctor's Name: _____

Doctor's Address: _____

Did you receive a medical certificate? _____

Has this attack been reported to the Police? _____

