

# 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 us to investigate the incident.

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

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## Location of incident

Unit/street number (or name of location, such as Princes Park) Required

Street name Required

**Suburb (Select 1 option)** Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

If the suburb you need does not appear in the list above that may mean the location is not within the Hobart municipal area. Refer to the [localities listing](#) to see what Council you need to report the issue to.

## Details of incident

**What or who has been attacked? (Select 1 or more options)** Required

- person(s)
- dog(s)
- rabbit(s)
- chicken(s)
- other

Complete this field if you made a selection that includes 'other' in *Details of incident: What or who has been attacked?*

**Please provide details** Required

**Date of attack** Required

(Submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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**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

- yes
- no

Complete this field if you selected 'yes' in *Details of incident: Was the dog with a person?*

**Description the person (include their name, if you know it)** Required

**Do you know where the dog is kept? (Select 1 option)** Required

- yes
- no

Complete this field if you selected 'yes' in *Details of incident: Do you know where the dog is kept?*

**Provide as much detail as possible, (including the address where the dog lives, or the approximate 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

Complete this field if you selected 'yes' in *Details of incident: Did you get medical or veterinary help after the attack?*

**If available to you please include a copy of any documentation (such as a report) that may outline the injuries sustained.**



Please attach all files to the end of this form before submitting it.

**Please provide any other information that may help our Animal Management Officers in the investigation. Attach any photos below if available.**



Please attach all files to the end of this form before submitting it.

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## 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**

**Unit/street number** Required

**Street name** Required

**Suburb** Required

**Is this your postal address? (Select 1 option)** Required

yes

no

Complete this field if you selected 'no' in *Personal details: Is this your postal address?*

**Postal address** Required

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post
- SMS

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## 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

(Submitting online? Use the calendar icon on the right to select the date)

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For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](#)

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*End of form*

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