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8.00am - 4.00pm MON - FRI

Dog Attack Report

Dog Act 1976

1. COMPLAINANT

Full name					
Postal address					
Residential address					
Home phone		Work phone		Mobile	
Email				Fax	

2. VICTIM DETAILS (PERSON OR DOG)

Full name					
Residential address					
Home phone		Work phone		Mobile	
Breed or description of your dog (if victim)					

3. ATTACKING DOG & OWNER DETAILS (IF KNOWN)

Full name					
Postal address					
Residential address					
Home phone		Work phone		Mobile	
Breed or description of attacking dog					
Was the owner in attendance when the attack occurred?					Y <input type="checkbox"/> N <input type="checkbox"/>
If no, was the owner notified of the attack?					Y <input type="checkbox"/> N <input type="checkbox"/>
Please provide details of any conversation that you had with the dog owner					

