

Dog Incident Notification

Animal Management (Cats & Dogs) Act 2008

Please complete all details to the best and true of your knowledge

1 Date when incident occurred

Time when incident occurred

2 Address where incident occurred

Unit No.	Street No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Location of Incident

Public Place

▶ Type (e.g. Footpath, Road)

Private Property

▶ Type (e.g. Back yard, Front yard)

4 Details of Dog Owner (if known)

Name of Dog Owner

Address of where dog/s lives

Unit No.	Street No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the dog's owner present when the incident happened?

No

Yes

5 Details of Dog/s Involved

Dog One (1)

a) Size of Dog

Small

Medium

Large

b) Breed of Dog (*if known*)

c) Colour of Dog (e.g. Tan & Black)

d) Markings of Dog (e.g. White Socks)

e) Other relevant details of dog (e.g. collar colour etc.)

8 Details of Person Involved

Full Name

Address

Unit No.

Street No.

Street

Suburb

Postcode

Gender

Male

Female

Adult or Child

Adult

Child

▶ If child, was an adult present? Yes

No

Age of person attacked

What was the person's activity at time of attack? (e.g. walking past etc.)

What did the incident result in?

Death

Fear

Injury

▶ Location of Injury

Medical Treatment Received, *if applicable*

Where was medical treatment received? (e.g. Hospital)

9 Details of Animal Involved

Type of Animal

Dog

Cat

Poultry

Livestock

▶ Species

▶ Species

Address of Animal

Unit No.

Street No.

Street

Suburb

Postcode

What did the incident result in?

Death

Fear

Injury

▶ Location of Injury

Veterinary Treatment Received

Name of Veterinary Surgery

10 Complainant's Details

Name

Address

Unit No.

Street No.

Street

Suburb

Postcode

Home Phone Number

Mobile Phone Number

11 Are you willing, if required, to appear in Court to provide evidence?

Yes

No

12 Complainant's Signature

Name

Signature

Date

Incident Form Lodgement:

- By Email: mail@grc.qld.gov.au – scanned copy with signatures only
By Post: Mail to Goondiwindi Regional Council, LMB 7, Inglewood QLD 4387
By Fax: (07) 4671 7433 – with signatures only
In Person: At your local Customer Service Centre between 9am and 5pm Monday to Friday
- Goondiwindi Civic Centre, 100 Marshall Street, Goondiwindi
 - Inglewood Customer Service Centre, 18 Elizabeth Street, Inglewood
 - Texas Customer Service Centre, High Street, Texas



Goondiwindi Customer Service Centre: (07) 4671 7400
Inglewood Customer Service Centre: (07) 4652 0200
Texas Customer Service Centre: (07) 4653 2600
Facsimile: (07) 4671 7433

Postal: LMB 7, Inglewood QLD 4387
Email: mail@grc.qld.gov.au
Web: www.grc.qld.gov.au

Goondiwindi Regional Council Office Use Only

Officer taking notification

Forwarded to Records

Yes No

Photos & other supporting evidence taken & attached?

Yes No

InfoXpert Document ID

Date Received Stamp