



# WAIROA DISTRICT COUNCIL

## REGULATORY DEPARTMENT

+64 6 838 7309  
+64 6 838 8874  
paul@wairoadc.govt.nz

www.wairoadc.govt.nz  
PO Box 54, Wairoa 4160, Hawke's Bay  
Coronation Square, Queen Street, Wairoa

### DOG OWNER'S STATEMENT (FOR DOG ATTACK COMPLAINT)

The purpose of this form is for the Animal Control staff of the Council and/or the Police to gain all the information about the dog attack that occurred. Please fill out this form if you are the owner of the dog that attacked.

**Please answer all questions fully.**

#### Details Dog Owner

Full Name \_\_\_\_\_  
Postal Address \_\_\_\_\_ Post code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

#### Details of Dog

Registration Number \_\_\_\_\_  
Breed \_\_\_\_\_  
Colour \_\_\_\_\_  
Sex (Please tick)  Male  Female

#### Details Attack

The attack was on...

- A person  
 An animal  
*Please specify (cattle/  
sheep/horses/other)* \_\_\_\_\_

Location of Attack \_\_\_\_\_  
Date of Attack \_\_\_\_\_  
Time of Attack \_\_\_\_\_

**Please tick if applicable.**

Were you present when the attack occurred?

Was the Police notified of the attack?

**Please answer the following questions as complete and specific as possible.**

What were you doing at the time of the attack?

What were the actions of the dog?

If you spoke to the Complainant or the Complainant spoke to you, what was said?

If you have any other comments, please describe them here.

**Application**

---

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witnessed  
(Compliance Officer) \_\_\_\_\_

Date \_\_\_\_\_