

## DOG ATTACK COMPLAINT FORM

*Dog and Cat Management Act, 1995*

### DETAILS OF PERSON MAKING COMPLAINT

Name

Address

Postcode

Phone

Mobile

Work

Email

### DESCRIPTION OF DOG ATTACK

Date and time of attack

20

am/pm

*(Please circle)*

Incident location/address

Describe the circumstances surrounding the attack

**Nature of injury/injuries  
sustained**

**Was medical/veterinary attention  
required**       Yes       No

**Name and address of doctor /  
veterinarian / hospital**

*If possible, please provide a certificate/note from doctor/veterinarian  
indicating in their opinion if the injury was consistent with having been bitten  
by a dog.*

**Breed of attacking dog**

**Address where dog resides**

**Owner of attacking dog**

**Address of attacking dog owner**

**DETAILS OF WITNESS(ES) TO THE ATTACK**

**Witness No 1**

**Witness No 2**

**Name**

**Address**

**Contact Number (H)**

**(W)**

**(H)**

**(W)**

Is/are the witness(es) prepared to give information to Council or give evidence in court  
proceedings if necessary?

Yes

No

Yes

No

Please understand that it will be necessary for you to give full information relating to the attack to Council and to  
appear in court and give evidence as to the truth of your allegations if required.

Any photographs (dated and signed) of the injury and/or damage sustained should accompany this form.

**Signature**

**Date**

**NOTE: This form is to be completed and signed by the complainant**