

# Dog Attack Complaint Form



Dog and Cat Management Act 1995

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

Details of Person Making Complaint		
Title:	Given name:	Family name:
Address:		Post code:
Contact numbers:	Mobile:	
Email:		

Description of Dog Attack		
Date of attack:	Time of attack:	
Address of where attack took place:		Post code:

Describe in reasonable detail the circumstances relating to the attack:

Nature of injury/injuries sustained:

Was medical/veterinary attention required?	Yes	No
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**PLEASE TURN OVER**

Details of Doctor / Vet / Hospital		
Title:	Given name:	Family name:
Address:		
		Post code:
Contact numbers:	Mobile:	
Email:		

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

Details of Dog Owner		
Title:	Given name:	Family name:
Address:		
		Post code:
Details of Dog		
Address - Dog is kept:		
		Post code:
Breed of dog involved:		

Details of Witness to the Attack – Witness 1		
Title:	Given name:	Family name:
Address:		
		Post code:
Contact numbers:	Mobile:	
Email:		

Yes, if necessary the witness prepared to give information to Council or give evidence in court proceedings.

Details of Witness to the Attack – Witness 2		
Title:	Given name:	Family name:
Address:		
		Post code:
Contact numbers:	Mobile:	
Email:		

Yes, if necessary the witness prepared to give information to Council or give evidence in court proceedings.

*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 of Complainant	
Signature:	Date: