



CITY OF PROSPECT

CIVIC CENTRE:
128 Prospect Road
Prospect SA 5082

POSTAL ADDRESS:
PO Box 171
Prospect SA 5082

CONTACT:
Telephone: (08) 8269 5355
Fax: (08) 8269 5834

OFFICE HOURS:
Monday – Friday
9.00 am to 5.00 pm

ABN: 58 758 236 361

E-MAIL: admin@prospect.sa.gov.au

WEBSITE: www.prospect.sa.gov.au

DOG ATTACK COMPLAINT

Dog And Cat Management Act, 1995

DETAILS OF PERSON MAKING COMPLAINT

Name:	.....
Address:	..... ..... Postcode:
Contact Numbers:	Work: Home: Mobile: Fax: Email:

DESCRIPTION OF DOG ATTACK

Date and time of attack:	..... 20..... am/pm
Address where attack took place:	..... .....
Describe in reasonable detail circumstances relating to the attack:	..... ..... ..... .....
Nature of injury/injuries sustained:	.....
Was medical/veterinary attention required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of doctor/veterinarian/hospital:	..... ..... .....
	If possible, please provide a certificate/note from doctor/veterinarian indicating in his/her opinion if the injury was consistent with having been bitten by a dog.
Breed of dog involved:	.....
Property where dog kept:	.....
Owner of dog:	.....
Address of dog owner:	.....

Please Turn Over

DETAILS OF WITNESS(ES) TO THE ATTACK

<p>Name:</p> <p>Address:</p> <p>Telephone:</p>	Witness No. 1	Witness No. 2

(H): (W):	(H): (W):	(H): (W):
Is/Are the witness(es) prepared to give information to Council or give evidence in court proceedings if necessary.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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.

<p>Date:</p> <p>Signature:</p>	<p>..... day of 20.....</p> <p>.....</p>
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NOTE: This form is to be completed and signed by the complainant