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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
Incident location/address:	.....
Describe the circumstances surrounding the attack:	.....

Request Number: «Request_Number»

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 attacking dog:	.....
Address where dog resides:	.....
Owner of attacking dog:	.....
Owner of attacking dog address:	..... .....

DETAILS OF WITNESS(ES) TO THE ATTACK

	Witness No. 1	Witness No. 2
Name:	.....	.....
Address:	..... .....	..... .....
Contact Numbers:	(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.

Signature:Date:/...../20.....
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NOTE: This form is to be completed and signed by the complainant