



DOG ATTACK/COMPLAINT FORM

To the Registrar of Dogs of: *DISTRICT COUNCIL OF LOXTON WAIKERIE*

Applicant/Owner Details – *A consenting person over 16 years of age*

First Name:

Surname:

Residential Address:

Residential Suburb:

Postcode:

Mailing Address:

Mailing Suburb:

Postcode:

Daytime Phone:

Mobile Phone:

Email Address:

Description of Dog – *Please provide as much detail as possible*

Name of dog:

Breed:

Colour:

Markings:

Gender:

Male

Female

Desexed

DOB or approximate year of birth/age:

Other descriptors:

Usual place dog kept:

Suburb:

Postcode:

Please record details of the attack/complaint overleaf.

