

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 □ Desexed	□ Female	DOB or approximate year of birth/age:	
Other descriptors:				
Usual place dog kept:		-		
Suburb:			Postcode:	

Please record details of the attack/complaint overleaf.

Dog Attack/Complaint Form



Complaint / I	ncident:				
Location					
Date / Time					
Injuries / Damage (include contact details of witnesses if applicable):					
If there was more than one dog involved in the incident please lodge separate complaint forms.					
Signature:			Date:		
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