District Council of
Loxton Waikerie

DOG ATTACK / COMPLAINT FORM

To the Registrar of Dogs of District Council of Loxton Waikerie

Complainant Details

First Name:		Surname:	
Residential Address:			
Postal Address:			
Mobile Number:			

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

Name of dog:		Breed:	
Colour:		Markings:	
Gender:	☐ Male ☐ Female ☐ De-sexed	DOB/age:	
Other descriptors:			
Usual place dog kept:			

Complaint/Incident

Location:	
Date / time:	

Injuries / damage (include contact details of witness if applicable):

If there was more than one dog involved in the accident, please lodge separate complaints forms.

Signature: _____ Date: _____