



Tel 08 8828 1200
Fax 08 8828 2736
PO Box 396, Kadina 5554
51 Taylor St, Kadina 5554
Email info@coppercoast.sa.gov.au
Web www.coppercoast.sa.gov.au
ABN 36 670 364 373

DOG ATTACK COMPLAINT

Dog and Cat Management Act, 1995

REC NO

FILE NO 1.71.3.7

DESCRIPTION OF DOG ATTACK

Date and time of attack:am/pm

Address where attack took place:

Describe in detail circumstances relating to the attack:

.....

.....

.....

Nature of injury/injuries sustained:

Was medical/veterinary attention required? Yes No

Name and address of doctor/veterinarian/hospital:

.....

Where possible, please provide a certificate/note from doctor/veterinarian detailing 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:

DETAILS OF PERSON MAKING THE COMPLAINT

Name:

Address:

.....

Contact Numbers:.....

Email:

lifestyle location of choice



Tel 08 8828 1200
Fax 08 8828 2736
PO Box 396, Kadina 5554
51 Taylor St, Kadina 5554
Email info@coppercoast.sa.gov.au
Web www.coppercoast.sa.gov.au
ABN 36 670 364 373

DETAILS OF WITNESS(ES) TO THE ATTACK

Witness No. 1

Name:

Address:

Contact Numbers:.....

Is the witness prepared to give information to Council or give evidence in court proceedings if necessary?

Yes No

Witness No. 2

Name:

Address:

Contact Numbers:.....

Is the witness prepared to give information to Council or give evidence in court proceedings if necessary?

Yes No

Are you requesting that the Council institute legal proceedings against the owner of the offending dog?

Yes No

If yes, 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.

Are you seeking compensation for injury to the person or property (medical fees, clothing, etc.) resulting from the action of the dog?

Yes No

If yes, please attach or forward as soon as possible the following account/receipts for:-

- (a) Medical/veterinarian or pharmaceutical costs incurred.
- (b) Repairs/replacement of clothing or other property.

Any photographs (dated and signed) of the injury and/or damage sustained should accompany this form.

Date: day of 20.....

Signature:

IMPORTANT: This form is to be completed and signed by the complainant

lifestyle location of choice