



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	
Address where attack took place	
Description in reasonable detail of circumstances relating to the attack	
Nature of injury/injuries sustained	
Was medical/veterinary attention required	
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 Dog involved	
Property where dog kept	
Owner of dog	
Address of dog owner	

Please Turn Over

DETAILS OF WITNESS(ES) TO THE ATTACK

	Witness No. 1	Witness No. 2
Name:
Address:
Contact Numbers Postcode Postcode.....
	Work: Home:	Work: Home:
	Mobile: Fax:	Mobile: Fax:
	Email:	Email:
	Is this witness prepared to go to Court?	Is this witness prepared to go to Court?
	Yes / No	Yes / 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.

Date	
Signature	

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