



# District Council of Yorke Peninsula

Principal Office: 8 Elizabeth Street, Maitland – Telephone (08) 8832 0000

**ALL CORRESPONDENCE: PO BOX 88, MINLATON SA 5575**

Email: admin@yorke.sa.gov.au – Website: www.yorke.sa.gov.au

Fax: (08) 8853 2494

Branch Office  
18 Main Street  
MINLATON  
Phone: (08) 8853 3800

Branch Office  
15 Edithburgh Road  
YORKETOWN  
Phone: (08) 8852 0200

Branch Office  
Player Street  
WAROOKA  
Phone: (08) 8854 5055

## SF003 DOG ATTACK COMPLAINT

Dog and Cat Management Act, 1995

### DESCRIPTION OF DOG ATTACK

Date and time of attack: ..... 20 ..... 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: .....

Post Code: .....

Contact Numbers: Work: ..... Home: ..... Mobile: .....

Fax: ..... Email: .....

**DETAILS OF WITNESS(ES) TO THE ATTACK**

Witness No. 1

Name: .....

Address: .....

Contact Numbers: Work: ..... Home: ..... Mobile: .....

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: Work: ..... Home: ..... Mobile: .....

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*