City of
South Milwaukee

Public Health
Prevent. Promote. Protect.
South Milwaukee Health Department

Dangerous/Vicious Dog Statement

Complainant's Name: (print) _____

Address, City, Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Information on the Owner/Animal

Animal Description: _____

Owner's Name: _____

Owner's Address: _____

Phone Number: _____

Summary of Events:

I respectfully submit the following sworn statement: _____

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Signature: _____ Date: _____

City Administration Building • 2424 15th Avenue • South Milwaukee, Wisconsin 53172
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