

DALLAS ANIMAL SERVICES AGGRESSIVE DOG AFFIDAVIT

I. Complainant Information

Name: _____ DOB: _____ Sex: ☐ Male ☐ Female
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (Cell) _____ (Work) _____ (Home) _____
Email Address: _____ Work Email: _____

ARE YOU WILLING TO TESTIFY IN COURT? ☐ YES ☐ NO

II. Complainant's Domestic Animal or Livestock Description

Animal Species: _____ Breed: _____ Age: _____ Sex: ☐ Male ☐ Female
Spayed or Neutered: ☐ Yes ☐ No Color and Markings: _____ Name: _____

III. Accused Dog Owner's Information

Owner/ Possible Owner of Accused Dog

Name: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: (Cell) _____ (Work) _____ (Home) _____
How did you identify the owner/ possible owner? _____

IV. Accused Dog's Description

Animal Species: _____ Breed: _____ Age: _____ Sex: ☐ Male ☐
Spayed or Neutered: ☐ Yes ☐ No Color and Markings: _____ Name (if known): _____

(Note: If more than one dog involved in the incident, use multiple forms, one for each dog)

V. Incident Location

Date of Incident: _____ Time of Incident: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____

VI. Incident Details

Physical location where incident occurred (Be specific: i.e. where on premises): _____

Was the **accused dog confined**, restrained or in a secure enclosure at the time of the incident? ☐ Yes ☐ No

Please explain: _____

Was **your domestic animal or livestock confined**, restrained or in a secure enclosure at the time of the incident? ☐ Yes ☐ No

Please explain: _____

Did you do anything to provoke the accused dog? ☐ Yes ☐ No Please explain: _____

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Did the accused dog come in contact with your domestic animal or livestock? ☐ Yes ☐ No If yes, please describe contact:

If the accused dog made contact with your domestic animal or livestock, how did the contact end: _____

Did your domestic animal or livestock receive any injuries? ☐ Yes ☐ No If yes, please describe in detail any injuries your animal received: _____

Did your domestic animal or livestock receive veterinary care? ☐ Yes ☐ No If yes, where:

Name of Veterinary Clinic: _____ Phone Number: _____

(In addition, please attach any pictures, any veterinarian records which may be utilized to assist in the investigation of this incident.)

VII. Witness(es) Information

Provide the following information for any witnesses who may have first-hand knowledge about this incident:

Name: _____ DOB: _____ Sex: ☐ Male ☐ Female

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (Cell) _____ (Work) _____ (Home) _____

Name: _____ DOB: _____ Sex: ☐ Male ☐ Female

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (Cell) _____ (Work) _____ (Home) _____

Note: Affidavit must be signed in the presence of a notary.

VIII. Signature

I swear that the above information is true and correct to the best of my knowledge.

Complainant

Today's Date

SUBSCRIBED AND SWORN TO BEFORE ME by the said: _____

On this day _____ of _____, 20_____

My Commission Expires: _____

Notary Public in and for the State of Texas

PLEASE RETURN TO:

Dangerous Dog Supervisor
1818 N. Westmoreland Rd.
Dallas, TX. 75212
DASDangerousdog@dallas.gov
214-670-8380

Note: If you need assistance with a notary, please contact to make an appointment.