DALLAS ANIMAL SERVICES DANGEROUS DOG AFFIDAVIT

I. Complainant/ Victim Information ______ DOB: _____ Sex: Male Female Parent/Guardian Name (If Victim under 18): ______ City: ______ State: ______ Zip Code: ______ Street Address: (Home) Phone Number: (Cell) _____ (Work)_____ Email Address: _____ Work Email: _____ ARE YOU WILLING TO TESTIFY IN COURT? YES NO II. Accused Dog's Description Animal Species: _____ Breed: ____ Age: ____ Sex: □ Male □ Spayed or Neutered: □ Yes □ No Color and Markings: ____ Name (if known): ____ **III. Incident Location** Date of Incident: _____ Time of Incident: IV. 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: Did the accused dog come in contact with you? Yes No If yes, please describe contact: If the accused dog made contact with you, how did the contact end: ______ Did **you** receive any injuries? **Tyes No** If yes, please describe in detail any injuries you received: (In addition, please attach any pictures, any medical records which may be utilized to assist in the investigation of this incident.) If you answered **No** to previous question, did the accused dog act in such a manner that you reasonably believed that the dog was going to attack you and cause bodily injury? Yes No If yes, please explain the incident in full detail: Did you do anything to provoke the accused dog? Yes No Please explain: How did the incident end between you and the accused dog? Did your animal do anything to provoke the accused dog in any way? ☐ Yes ☐ No Please explain: __________

DAS-FRM-209.SAF.1 Effective Date: 09/11/2024 Rev 6

DALLAS ANIMAL SERVICES DANGEROUS DOG AFFIDAVIT

Was your animal confined or restrain Please explain:		Yes □ No If so, h	ow was your animal confined?
Did the accused dog make physical co	ontact with your animal? \square Yes \square	No If yes, please	describe contact:
If the accused dog made contact with	your animal, describe how the c	ontact ended?	
Did your animal receive any injuries?	□ Yes □ No If yes, please descri	be in detail any inju	ries your animal received:
In addition, please attach pictures, and	y veterinarian records which may be	utilized to assist in t	the investigation of this incident.
V. Witness(es) Information			
Provide the following information for	any witnesses who may have fire	st-hand knowledge	about this incident:
Name:	DOB:		Sex: Male Female
Street Address:Phone Number: (Cell)	(Work)		(Home)
Name:	DOB:		Sex: Male Female
Street Address:	City:	State:	Zip Code:
Phone Number: (Cell)	(Work)	(Home)	
VI. Accused Dog Owner's Informatio	n		
Owner/ Possible Owner of Accused D	og		
Name:			
Street Address:	City:	State:	Zip Code:
Phone Number: (Cell)	(Work)	(Home)	
How did you identify the owner/ pos			
Note: Af	fidavit must be signed in the	oresence of a not	arv.
VIII. Signature			1
I swear that the above information	n is true and correct to the bes	t of my knowledge	<u></u>
 Complainant		Today's Date	
SUBSCRIBED AND SWORN TO BEFOR	E ME by the said:		
On this day of			
My Commission Expires:			
		Notary Public	in and for the State of Texas
PLEASE RETURN TO:			
	Dangerous Dog Superv	isor	
	4040 11 111 1	- 1	

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.

DAS-FRM-209.SAF.1 Effective Date: 09/11/2024 Rev 6