

DALLAS ANIMAL SERVICES AGGRESSIVE DOG AFFIDAVIT

I. Complainant Information

Name: _____ DOB: _____ Sex: Male Female

Address _____
(Street) (City) (State) (Zip)

Phone Number: (W) _____ (H) _____ (C) _____

Email Address: _____

II. Complainant's Domestic Animal or Livestock Description

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: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (H) _____ Phone: (C) _____

How did you identify the owner/ possible owner? _____

Phone Number: (W) _____ (H) _____ (C) _____

IV. Accused Dog's Description

Species: _____ Breed: _____ Age: _____ Sex: Male Female

Spayed or Neutered: Yes No Size of Animal: Small Medium Large Color and Markings: _____

Name (If known): _____ **(Note: If more than one dog involved in the incident, use multiple forms)**

V. Incident Location

Date of Incident: _____ Time of Incident: _____

Address: _____
(Street) (City) (State) (Zip)

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: _____

**DALLAS ANIMAL SERVICES
AGGRESSIVE DOG AFFIDAVIT**

Was the incident with the **accused dog** unprovoked? Yes No Please explain: _____

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 pictures and 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: _____ Age: _____ Sex: Male Female

Address _____
(Street) (City) (State) (Zip)

Phone Number: (W) _____ (H) _____ (C) _____

Name: _____ Age: _____ Sex: Male Female

Address _____
(Street) (City) (State) (Zip)

Phone Number: (W) _____ (H) _____ (C) _____

VIII. Signature

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

(Complainant) (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
PH#: 214-670-8380
DASDangerousdog@dallascityhall.com**