## DALLAS ANIMAL SERVICES DANGEROUS DOG AFFIDAVIT

## I. Complainant/Victim Information

Name:		D	Sex: □ Male □ Female		
Address(Street)	(City)	(State)	(Zip)		
Phone Number: (W)			, , ,	(C	•\
Email Address:	Pare	nt/Guardian Name (If \	ictim under	18):	
Accused Dog's Description Species:	_ Breed:			Age:	Sex:
Spayed or Neutered: ☐ Yes ☐ No	Size of Animal	: □ Small □ Medium	□ Large C	Color and Markings: _	
Name (If known):		(Note:	If more than	n one dog involved i	n the incident, use multiple forms
Incident Location Date of Incident:		Time of Inciden	: :		
Address:					
(Stre	eet)	(City)		(State)	(Zip)
Incident Details Physical location where incident occurr	red (Re specific:	e where on premises	ı•		
	red (De Specific.	.c. where on promises			
If the <b>accused dog</b> made physical con  Did <b>you</b> receive any injuries? □Yes □	<u>-</u>				
In addition, please attach pictures are If you did not receive any injuries, did to and cause bodily injury? □Yes □No in	the <b>accused dog</b>	act in such a manner	hat you reas	onably believed that t	he dog was going to attack you
Was the incident with the accused do	g unprovoked? D	]Yes □No Please exp	lain:		
Was the incident with the accused dog How did the incident end between you					
	and the accuse	d dog?			
How did the incident end between you	and the accuse	d dog?? □Yes □No Please	explain:		

DAS-PRO-233 Effective Date: 12/11/19 Rev 3

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Did the accused	l dog make ph	ysical contact with <b>yo</b>	our animal? □Yes □N	lo If yes, please de	escribe contact:	
If the <b>accused d</b>	log made cont	act with <b>your animal</b> ,	describe how the cont	act ended:		
Did <b>your animal</b>	I receive any in	ijuries? □Yes □No I	f yes, please describe	n detail any injurie	es <b>your animal</b> re	ceived:
In addition, plea	ase attach pic	tures and any veter	inarian records which	may be utilized t	o assist in the in	vestigation of this incident.
Vitness(es) Info rovide the followi		for any witnesses wh	no may have first-hand	knowledge about t	this incident:	
	ne:			:		Sex: 🗖 Male 🗖 Female
aaress(S	Street)	(City)	(State)	(Zip)		
hone Number: (V	V)		(H)		(C)	
ame:			Age	Age:		Sex: ☐ Male ☐ Female
ddress						
(S	Street)	(City)	(State)	(Zip)		
hone Number: (V	V)		(H)		(C)	
Owner/ Possible Name:						
Address:						
(Street)	(City)		,	(State)		(Zip)
Phone :( H)			F	Phone: (C)		
How did you ider	ntify the owner	possible owner?				
Signature I swear that the	above informa	ation is true and corre	ct to the best of my kno	owledge.		
(Cc	omplainant/Vic	tim)				(Date)
(Parent or G	Guardian, if vict	im under 18)				(Date)
SUBSCRIBED	AND SWORN	TO BEFORE ME by	the said			
On this	day o	f			, 20	
My Commission	n Expires:					
PLEASE RE	•		Dangerous Dog Suj	nerviser	Notary Pu	ublic in and for the State of Texa

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