



CITY OF DALLAS DANGEROUS DOG AFFIDAVIT

I. Complainant/Victim Information

Name: _____ Age: _____ Sex: Male Female

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

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

Parent/Guardian Name (If Victim under 18): _____

II. Description of Attacking Animal

Name, if known: _____ Species: _____ Breed: _____

III. Incident Information

Date(s) of Incident: _____ Time(s) of Incident: _____

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

Was the animal confined or restrained at the time of the incident? Yes No

IV. Animal versus Human

Did the animal make physical contact with you? Yes No If yes, please describe contact

Please describe in detail any injuries received. In addition, please attach pictures and any supporting medical documentation which may be utilized to assist in the investigation of this incident _____

If there was no contact between the animal and you, did the animal act in such a manner that you reasonably believed that the animal was going to attack you and cause bodily injury? Yes No

If yes, please describe the incident in full detail: _____

Did you provoke the animal by teasing, tormenting, abusing or assaulting the animal? Yes No

How did the incident end? _____

(Continued On Back)

V. Animal versus Animal

If the animal attacked your animal, did you or anyone else witness the attack? Yes No
Please provide witness information below. _____

Did your animal provoke the attacking animal in any way by entering its primary place of habitation or territory? Yes No
Was your animal confined at the time of the incident? Yes No

After the attacking animal made contact with your animal, describe how the contact ended: _____

Please describe in detail any injuries your animal received. In addition, please attach pictures and any supporting medical documentation which may be utilized to assist in the investigation of this incident _____

IV. Witness Information

Provide the following information for any witnesses who may testify about this incident:

Name: _____

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

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

Name: _____

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

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

V. Person/Persons in Control of Attacking Animal (Possible Owner)

Name: _____

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

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

How did you identify the person/persons in control? _____

VI. Signature

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

(Complainant/Victim) (Date)

(Parent or Guardian, if victim under 18) (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:

**Dallas Animal Services
Attn: Laurietta Stewart
3112 Canton, Suite A
Dallas, TX 75226**