

STATE OF TEXAS

§

DANGEROUS DOG AFFIDAVIT

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COUNTY OF DALLAS

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BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who after being by me duly sworn, deposes and makes the following statements:

“Affiant is over the age of 18 years, of sound mind, and is capable of making this affidavit. Affiant affirms that he/she has completed this affidavit voluntarily, has read the completed affidavit, and does hereby certify that the following information provided herein is true and correct:

Your (Affiant’s) name: _____ Employer: _____
Address: _____ Business Address: _____
Phone: () _____ Business Phone () _____

Animal Owner Information:

Name of Animal Owner: _____
Animal Owner Address: _____
Phone: () _____

Description of Animal(s):

Type: _____ Breed: _____ Sex: _____
Color: _____ Age: _____ Size: _____ Name: _____
Type: _____ Breed: _____ Sex: _____
Color: _____ Age: _____ Size: _____ Name: _____

Incident Information:

Date(s) of Incident: _____
Time(s) of Incident: _____
Location where incident took place (location of dogs): _____

Other witnesses to the incident:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: () _____ Phone: () _____

Detailed description of incident:

This affidavit must be filled out completely. Do not leave questions blank. If questions are not applicable, enter “N/A”. If answers are unknown, enter “UNK”. Completed affidavits must be signed, dated, notarized and submitted to Desoto Animal Control. You may be called subpoenaed as a witness in a hearing regarding this matter. No action will be taken by Desoto Animal Control on this matter until this affidavit is turned in!

(Description Continued)

Did you or any other person receive serious bodily injuries during this incident? Yes No
If so, please describe (specify animal causing injuries):

Further Affiant Sayeth Not.”

Signed this ___ day of _____, 20____.

Affiant

COUNTY OF DALLAS
STATE OF TEXAS

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This instrument was acknowledged, subscribed, and sworn to before me, the undersigned authority, on this ___ day of _____, 20____, by _____, Texas, to certify which witness my hand and seal of office.

Notary Public, State of Texas

My commission expires: _____