

CITY OF TEMPLE

AGGRESSIVE ANIMAL AFFIDAVIT

State of Texas
County of BELL

I. Complainant Information

Name: _____ Age: _____ Sex: Male Female
Address _____
(Street) (City) (State) (Zip)
Phone Number: (W) () _____ (H) () _____ (C) _____

II. Complainants Domestic Animal or Livestock Description

Name, if known: _____ Size: _____ Species _____ Breed: _____ Color: _____
Sex: Male Female Age: _____ Spayed or Neutered: Yes No

Dog Owner Information

Name: _____ Age: _____ Sex: Male Female
Address _____
(Street) (City) (State) (Zip)
Phone Number: (W) () _____ (H) () _____ (C) _____

III. Dog's Description

Name, if known: _____ Size: _____ Breed: _____ Color: _____ Sex: Male Female
Age: _____ Spayed or Neutered: Yes No

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

Pet owner Information

Name: _____ Age: _____ Sex: Male Female
Address: _____
(Street) (City) (State) (Zip)

VI. Incident Summary

Date of Incident: _____ Time of Incident: _____
(Note: If multiple dated and times: use multiple forms)

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

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V. Dog vs. Domestic Animal or Livestock

Was the dog restrained at the time of the incident?

Yes No

If yes, explain. _____

Did the domestic animal or livestock provoke the dog in any way?

Yes No

After the dog made contact with your domestic animal or livestock, describe how the contact ended: _____

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

VI. Witness Information

Provide the following information for any witnesses who may have first-hand knowledge about this incident:

Name: _____

Address: _____

(Street) (City) (State) (Zip)

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

Name: _____

Address: _____

(Street) (City) (State) (Zip)

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

Address: _____

(Street) (City) (State) (Zip)

VII. 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:

**Temple Animal Services
620 Mama Dog Circle
Temple TX 76504**

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Temple, TX 76504