

**PLEASE TYPE  
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CITY OF CORPUS CHRISTI  
ANIMAL CARE SERVICES  
Dangerous Dog Affidavit  
2626 Holly Road Corpus Christi, Texas 78415  
Office – 361-826-4630, 361-826-4616/Fax – 361-826-4611  
Hours of Operation: Mon-Sat 8:00 AM to 5:30 PM



<b>Activity Number:</b>		<b>Bite Case Number:</b>	
<b>Please place all information on the front of this document. Do not write on the back of this paper or on your own paper.</b>			
<b>APPLICANT INFORMATION</b>			
<b>Name:</b>		<b>DOB:</b>	<b>Driver's License No:</b>
<b>Street Address:</b>		<b>City/State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Email:</b>		
<b>Did anyone other than you witness the incident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please fill out "Witness Information" section below.</i>			
<b>WITNESS INFORMATION (If Available)</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Street Address:</b>		<b>City/State:</b>	<b>Zip:</b>
Additional witnesses may be listed in the last section.			
<b>INCIDENT INFORMATION</b>			
<b>Where did the incident happen?</b>			
<b>When did the incident happen?</b>	<b>Date:</b>	<b>Time:</b>	
<b>Did the attack occur on the dog owner's property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Was the dog owner present?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If no, where did the attack happen? (Address or Street block)</b> Sidewalk <input type="checkbox"/> Street <input type="checkbox"/> Driveway <input type="checkbox"/> Front yard <input type="checkbox"/> Back yard <input type="checkbox"/> Easement <input type="checkbox"/> Intersection <input type="checkbox"/> Inside Home <input type="checkbox"/>			
<b>Did the attack occur in a fenced yard or enclosed area?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Did you believe you or another person would be attacked and that the dog would injure you or them?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>If yes, briefly describe how or why?</b>			
<b>Do you believe that you (or bite victim, if not you) did anything to cause the dog to attack?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Please describe what you were doing at the time of the attack:</b>			
<b>MEDICAL INFORMATION – HUMAN VICTIM</b>			
<b>Did you receive any injuries as a result of this incident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, complete this section. If no, skip to next section.</i>			
<b>Did you receive medical treatment at a clinic or hospital?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Hospital or Clinic where you were treated:</b> Name: Address: Phone Number:		<b>Can you provide documentation or pictures?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Are you willing to provide Animal Care Services with Medical Records?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, please describe the location and severity of your injury(ies):</b>			
<b>Name of Attending Physician:</b>		<b>Phone:</b>	
<b>Address:</b>			

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**MEDICAL INFORMATION – ANIMAL VICTIM**

<b>Did your animal receive any injuries?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, complete this section. If no, skip to the next section.</i>		<b>Nature of Injuries:</b>	
<b>Did your animal require any medical treatment as a result of injuries sustained in the incident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Name of Attending Veterinarian:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Do you have photos of the injuries?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Who took the photos?</b>	
<b>Can you provide Animal Care Services with medical documentation of your pet's injuries?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

**ATTACKING DOG INFORMATION**

<b>Dog Name (If Known):</b>		<b>Breed or Type:</b>	
<b>Color:</b>	<b>Is the dog a:</b> Puppy <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Unknown <input type="checkbox"/>		
<b>Was the dog wearing a collar or harness?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, what color?</i>			
<b>Have you seen the dog before?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, when and where?</i>			
<b>Describe the animal's behavior:</b>			
<b>Have you observed aggressive behavior from the dog prior to the attack/incident?</b>			

**ATTACKING DOG – OWNER INFORMATION**

<b>Is the dog owned?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
<b>Owner's Name (If known):</b>			
<b>Owner's Address</b>			
<b>Is the owner someone that you know personally?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how?</i>			
<b>How do you know dog(s) are owned by the person/address listed above?</b>			
<b>Have you communicated with the owner in writing in regards to their dog attack?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>If yes, briefly describe the conversation. Please do not include any conversations regarding <u>civil litigation</u>.</b>			

**NARRATIVE PORTION – PLEASE DESCRIBE THE ATTACK**


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**ADDITIONAL WITNESSES:**

NAME	ADDRESS	PHONE NUMBER

**ADDITIONAL DOGS INVOLVED OR POSSIBLY INVOLVED**

NAME	BREED OR TYPE	COLOR	OWNER (If Known)

**ADDITIONAL INFORMATION RELEVANT TO THE CASE**


**SIGNATURE:** \_\_\_\_\_  
(Must be Signed in the Presence of a Texas Notary Public)

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF Nueces

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

Notary Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**OFFICE USE ONLY:**

RECEIVED BY	DATE RECEIVED	REVIEWED BY	DATE REVIEWED
<b>OUTCOME:</b> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>		<b>REASON IF REJECTED:</b>	
<b>Type of follow up:</b> Dangerous <input type="checkbox"/> Aggressive <input type="checkbox"/> SBI <input type="checkbox"/> ABD <input type="checkbox"/> ABDD <input type="checkbox"/> ADW/ABI <input type="checkbox"/> Other:			