

**PLEASE TYPE
OR PRINT**

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CITY OF CORPUS CHRISTI ANIMAL
CARE SERVICES
Dangerous/Aggressive 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



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

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MEDICAL INFORMATION – ANIMAL VICTIM

Did your animal receive any injuries? Yes No

If yes, complete this section. If no, skip to the next section.

Nature of Injuries:

Did your animal require any medical treatment as a result of injuries sustained in the incident? Yes No

Name of Attending Veterinarian:

Phone:

Address:

Do you have photos of the injuries? Yes No

Who took the photos?

Can you provide Animal Care Services with medical documentation of your pet's injuries? Yes No

ATTACKING DOG INFORMATION

Dog Name (If Known):

Breed or Type:

Color:

Is the dog a: Puppy Young Adult Adult Senior Unknown

Was the dog wearing a collar or harness? Yes No *If yes, what color?*

Have you seen the dog before? Yes No *If yes, when and where?*

Describe the animal's behavior:

Have you observed aggressive behavior from the dog prior to the attack/incident?

ATTACKING DOG – OWNER INFORMATION

Is the dog owned? Yes No Unknown

Owner's Name (If known):

Owner's Address

Is the owner someone that you know personally? Yes No *If yes, how?*

How do you know dog(s) are owned by the person/address listed above?

Have you communicated with the owner in writing in regards to their dog attack? Yes No

If yes, briefly describe the conversation. Please do not include any conversations regarding civil litigation.

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
OUTCOME: APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>		REASON IF REJECTED:	
Type of follow up: 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:			