CITY OF SAN ANTONIO ANIMAL CARE SERVICES DEPARTMENT

CITY OF SAN ANTONIO

DANGEROUS/AGGRESSIVE DOG AFFIDAVIT

4710 State Highway 151 San Antonio, Texas 78227

PLEASE TYPE OR PRINT

Press "Tab" Button to Move Between Fields

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 ☐ No ☐

If yes, please fill out "Witness Information" section below.

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 ☐ No ☐ **Was the dog owner present?** Yes ☐ No ☐

If no, where did the attack happen? (Address or Street block)

Sidewalk ☐ Street ☐ Driveway ☐ Front yard ☐ Back yard ☐ Easement ☐ Intersection ☐ Inside Home ☐

Did the attack occur in a fenced yard or enclosed area? Yes ☐ No ☐

Did you believe you or another person would be attacked and that the dog would injure you or them? Yes ☐ No ☐

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 ☐ No ☐

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 ☐ No ☐

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

Did you receive medical treatment at a clinic or hospital? Yes ☐ No ☐

Hospital or Clinic where you were treated: Name: Address: Phone Number:	**Can you provide documentation or pictures?** Yes ☐ No ☐ **Are you willing to provide Animal Care Services with Medical Records?** Yes ☐ No ☐

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 you 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: ____ **DATE**: _____

(Must be Signed in the Presence of a Texas Notary Public)

PARENT/GUARDIAN SIGNATURE:________________________________ **DATE**: _____

STATE OF TEXAS
COUNTY OF BEXAR

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 ☐ REJECTED ☐		**REASON IF REJECTED**:	
Type of follow up: Dangerous ☐ Aggressive ☐ SBI ☐ ABD ☐ ABDD ☐ ADW/ABI ☐ Other:			