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

ATTACKING DOG INFORMATION

Dog Name (If Known):	Breed or Type:
Color:	Is the dog a: Puppy <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Unknown <input type="checkbox"/>
Was the dog wearing a collar or harness? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, what color?</i>	
Have you seen the dog before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, when and where?</i>	
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 <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Owner's Name (<i>If known</i>):
Owner's Address
Is the owner someone that you know personally? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, how?</i>
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 <input type="checkbox"/> No <input type="checkbox"/>
If yes, briefly describe the conversation. Please do not include any conversations regarding <u>civil litigation</u> .

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 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:			