

Pasco County Animal Services
DANGEROUS DOG COMPLAINT AFFIDAVIT
FLORIDA STATE STATUTE 767.10-15

Before me the undersigned authority, personally appeared on

1) Date: _____

2) Name of Complainant: _____ 3) Work Phone: _____

4) Address of Complainant: _____ 5) Home Phone: _____

to me well known to be the person who executed the following affidavit and who being affirmed, deposes and says:

6) That *(Description of animal(s))* _____

7) Owned, kept, or harbored at *(Address where animal is kept)* _____

8) By *(Owner or custodian of animal(s))* _____

9) Who lives at *(Address if different than #7)* _____

10) ___ Has aggressively bitten, attacked, or endangered or has inflicted severe injury on a human being on public or private property *(F.S.S. 767.11, Sec. 1 (a))*;

11) ___ Has more than once severely injured or killed a domestic animal while off the owner's property *(F.S.S. 767.11, Sec. 1 (b))*;

12) ___ Has been used primarily or in part for the purpose of dog fighting, or is a dog trained for dog fighting *(F.S.S. 767.11, Sec. 1 (c))*; or

13) ___ Has when unprovoked chased or approached a person upon the streets, sidewalks, or any public grounds in a menacing fashion or apparent attitude of attack

(F.S.S. 767.11, Sec. 1 (d));

14) On *(Date)* ___ ___ day of _____ 20 ___

15) At *(Location)* _____

16) Description of Incident: _____

17) Description of Injuries: _____

18) Professional medical care obtained? YES NO If YES, where: _____

19) Additional witness to incident? YES NO If YES, list below:

20) _____ 21) Affirmed before me this _____
Signature of complainant

_____ day of _____ 20 _____

22) _____ 23) My commission expires _____

Notary Public