

# 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 duly sworn, deposes and says:

6) That (Description of the 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 witnesses to incident?  YES  NO If YES, list below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20) \_\_\_\_\_ 21) Sworn and subscribed before me this \_\_\_\_\_  
signature of complainant

day of \_\_\_\_\_ 20 \_\_\_\_\_

22) \_\_\_\_\_ 23) My commission expires \_\_\_\_\_

Notary Public