



Marion County Board of County Commissioners

Animal Services

5701 SE 66th St.
Ocala, FL 34480
Phone: 352-671-8700
Animal Control: 352-671-8727
Fax: 352-671-8717

AFFIDAVIT OF COMPLAINT – ATTACKS & BITES

(Please use black ink and print legibly)

ACTIVITY # _____

COMPLAINANT: _____

LAST

FIRST

MI

NAME OF PARENT OR GUARDIAN

STREET ADDRESS

NAME OF LOCATION/SUBDIVISION

CITY/STATE

ZIP

MAILING ADDRESS IF DIFFERENT

HOME PHONE

OTHER PHONE

1. When did the attack or bite occur? (date and time) _____
2. Describe the dog(s) involved in the attack or bite. _____
3. Have you had any problems in the past with the dog(s)? _____
4. Where do the dog(s) live that attacked? _____
5. Who owns the dog(s)? _____
6. Is the animal owner aware of the incident? _____
7. Have you spoken to the animal owner regarding the incident? _____
8. Did the animal owner witness all or any part of the incident? _____
9. Were there any witnesses to the reported attack? (If yes, please list below) _____

10. Did you and/or your pet receive any type of injury? _____
11. What types of injuries did you and/or your pet receive? _____
12. Did you and/or your pet require medical treatment due to the injuries? _____
13. If treatment was required, where did you go and are you willing to present the records for the case file?

14. Where did the attack take place? _____
15. Was there anything occurring just before the dog attacked? (e.g., party, arguing with the dog owner, newborn puppies, walking dog, etc.) _____

16. An investigation will be conducted based on your observation and affidavits. In the event the case proceeds with a pending dangerous dog classification or civil citations, you will be required to testify regarding the actions of the dog(s) in question. Are you willing to testify at a board review or civil court? _____

INCIDENT(S): Give full details of the incident about which you are making this complaint. Include the date, approximate time, address and location the incident took place. Include a detailed description of any animal involved and directions to the animal owner's residence. Please have any of your witnesses also fill out an affidavit in their own words. **Must be notarized and complete to be valid.** (Page _ of ____)



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Lined area for witness information.

NAME OF WITNESS OF INCIDENT(S) ADDRESS AND TELEPHONE NUMBER OF WITNESS

NAME OF WITNESS OF INCIDENT(S) ADDRESS AND TELEPHONE NUMBER OF WITNESS

“I swear (or affirm) that the above statements and allegations are true and correct to the best of my knowledge and belief.”

SIGNATURE OF AFFIANT

DATE

STATE OF FLORIDA
COUNTY OF _____

PERSONALLY KNOWN TO ME
 ID PRESENTED _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20_____, by (name of affiant)_____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(SEAL) PRINT, TYPE OR STAMP NAME OF NOTARY