



Marion County
Board of County Commissioners

Animal Services ♦ Animal Control

5701 SE 66th St.
Ocala, FL 34480
Phone: 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	

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

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

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

- 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 ____)

"Meeting Needs by Exceeding Expectations"

