

**AMADOR COUNTY ANIMAL CONTROL
POTENTIALLY DANGEROUS DOG QUESTIONNAIRE**

NAME: _____

CASE # _____

ADDRESS: _____

CITY: _____

HOME PHONE: _____

WORK PHONE: _____

AGE: _____

Please complete all questions that apply to assist us in our investigation.

Completion of this questionnaire is voluntary. Our ability to pursue legal action is dependent upon cooperation from the public.

1. Where does the dog live? _____
2. Owner's name: _____ Owner's phone number: _____
3. Is the problem with more than one dog at this address? **Y/N** Number of dogs involved _____
4. Is the problem with multiple dogs from different addresses? **Y/N**
(If you are experiencing problems with dogs from multiple addresses please contact animal control for Additional forms.)
5. If required could you identify the dogs from photos? **Y/N** In person? **Y/N**
6. Was the dog off its owner's property when the incident occurred? **Y/N** About how far? _____
7. Please describe the dog(s) to the best of your ability. **COLOR** _____
SEX (if known) _____ **NAME** (if known) _____
BREED (if known) _____ **LONG HAIR? Y/N** **SHORT HAIR? Y/N**
OTHER IDENTIFIABLE CHARACTERISTICS: _____
8. Where did this incident occur? (on your property? In the roadway?, etc.) _____
9. Date this incident occurred? _____ Time of incident: _____
10. Were there injuries? **Y/N** Who was injured? _____ What type of injury? _____
11. If injury was a bite or scratch by the dog was medical treatment given? **Y/N**
12. Was the bite reported to animal control? **Y/N** Were pictures taken of the bite or injuries? **Y/N**
13. Was one of your animals (dog, cat or livestock) injured or killed? **Y/N** *If yes please include a description of the injuries below. Attach a photocopy of any veterinary bills if available.*
14. Were there pictures taken of the bite or injuries to your animals? **Y/N**
15. Where was your animal? _____
16. If off your property was your animal on a lead or leash? **Y/N**
17. What action did you take to prevent injury to you, other people, or your animals? _____

18. If an attack occurred, what stopped it? _____
19. If legal proceedings should be required in the interest of public safety would you be willing to appear and offer testimony regarding this situation? **Y/N**
20. Please describe the incident in your own words. For your convenience a statement form is provided. You may attach a statement generated from your computer, typewriter if desired.
Please include information regarding the animal's behavior and what if any action you had to take to feel safe.

I certify under penalty of perjury that the information contained herein and in any attached documentation is true and correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

