

LEE COUNTY DOMESTIC ANIMAL SERVICES
 5600 Banner Drive, Ft. Myers FL 33912 Phone (239) 533-7387

Activity #:	Police Report #:	Date of Statement:
-------------	------------------	--------------------

PERSON <u>MAKING STATEMENT</u> (Last name, first name, MI):	WORK PHONE	HOME PHONE
STREET ADDRESS & CITY OF PERSON <u>MAKING STATEMENT</u>	STATE	ZIP

OWNER OF ANIMAL (Last name, first name)	STREET/CITY/ZIP OF WHERE OWNER OF ANIMAL LIVES
---	--

Date of Incident	Time of Incident AM / PM	Exact Location of Incident:
------------------	-----------------------------	-----------------------------

Were you an eyewitness to offense? Yes / No	Are you able and willing to testify in court? Yes / No	Are you able to describe the actions of the dog(s)? Yes / No
Was the animal running at large? Yes / No	Was the animal off its property? Yes / No	Are you familiar with the animal(s)? Yes / No / NA
Were there any other witnesses? Yes / No (Please provide in statement)	How long has the Defendant owned the animal(s)? Years Mths	List any injuries?

BREED OF ANIMAL	COLOR/MARKINGS	MALE	FEMALE	Photo ID/Known?

SWORN AFFIDAVIT: I, _____, do hereby ***VOLUNTARILY*** make the following statement, without threat, coercion, offer of benefit or favor by any persons whomsoever:

(Continued on Back Yes/No?)

I SWEAR OR AFFIRM THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

STATE OF FLORIDA, COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me, or has produced _____ as identification.

(Notary Seal)

_____, Notary Public, State of Florida
(Notary Signature)

