TOWN OF COLLIERVILLE
DEPARTMENT OF PUBLIC SERVICES
- ANIMAL CARE DIVISION -

DANGEROUS DOG EVALUATION

Date:

Pet Owner or Keeper:

Address:

Activity Record No: __________________________  Bite Record No: __________________________

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<th>Name of Animal:</th>
<th>Breed:</th>
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1. Human Fatality = Charge Pet Owner.
2. Serious Injury = Charge Pet Owner.
3. Dog Fighting = Charge Pet Owner.

4. Was the dog loose? Yes____ No____

5. Did victim's actions provoke attack? Yes____ No____

6. Aggressive attack? Yes____ No____

7. Previous complaints of loose animals? Yes____ No____

8. Previous Bite Record? Yes____ No____

9. Current Vaccination/License. Yes____ No____

10. Was victim taken to hospital? Yes____ No____

11. Describe degree of injury __________________________

12. Age of victim. __________________________

13. Describe circumstances of bite, injury or aggressive activity.

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Animal Control Officer________________________

Officers will attach bite record, activity record, kennel record and other pertinent information such as witnesses' statements.

If Animal Care/Dangerous Dog Evaluation Report is __________________________

Revised 9-9-03 date