

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: _____

Name of Animal:	Breed:
Color:	Sex:

- 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 witness statements.