

**Orange County Animal Services**  
**2769 Conroy Road, Orlando, FL 32839 / 407-352-4390**

Statement or Affidavit of Complaint Form

Generally, violations of the Orange County Animal Services' Code do not occur when an Animal Services Officer is present. For an Officer or the Animal Services Division to take action regarding a violation, either the Officer or someone else **MUST** witness the incident(s).

This Affidavit of Complaint or Statement, when completed by a witness provides the documentation necessary for an action to be taken. It establishes *probable cause* for an Officer to believe that a violation took place, who was involved, and the nature of the violation. This Statement form is essential for Animal Services to pursue further action in reference to the violations you have described. For Animal Services to efficiently respond to your needs, we ask that you print, review and carefully complete this Statement to the best of your knowledge, and return it to the Animal Services Division within ten (10) days of the incident.

SRN: \_\_\_\_\_ CASE NO: \_\_\_\_\_

**Tell us about YOU!**

This portion is to be completed by you, and about you. We need to know your full name, address, and various other information. Please print neatly or type, and review the completed form to ensure that all information is included and correct.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Tell us about the animal owner**

We need you to record as much information about the animal owner as you know. Don't guess, be certain. If there is some information that you do not know, simply write "unknown." The information most needed is the animal owner's address. If you are uncertain about the owner's information, or if the animal even has an owner, speak with your neighbors to be sure.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

When is the owner normally home? \_\_\_\_\_

**What does the animal look like?**

To take action, Animal Services needs to be as certain as possible that we are dealing with the correct animal(s). Please record as much and as accurate a description of each animal as possible. Only list animals that were involved in the specific incident you are completing this Statement for. Here are some basic rules:

- Breed is for species as well as the animal’s specific breed
- Color: Indicate the dominant color first, then all the other colors

Breed(s)	Color(s)	Sex	Name

\*If you are uncertain about the animal or its description, be sure that you talk to your neighbors. Incorrect information damages everyone’s credibility if the case were to be challenged in court.

**When and where did it happen?**

This is where you tell your story. Please fill in all blanks with EXACT time, date, and location, based on what **YOU** observed. Without this information Animal Services cannot pursue further action. Here are some examples:

**Location:**      **In street in front of 1212 Smith St.**      or  
                         **In my back yard at 2121 Jones St.**

**Time:**            **1:30 p.m.**

Location of Incident: \_\_\_\_\_

EXACT Date of Incident: \_\_\_\_\_ EXACT Time of Incident: \_\_\_\_\_ a.m. / p.m.

**Tell us what happened.**

In this section you will write a brief story of what happened, based on the information you gave about **WHEN** and **WHERE** it happened, and what **YOU** observed. Only write about the most recent occurrence. Previous occurrences are not relevant. **DO NOT** write about **hearsay** or other conflicts there have been with the animal owner. Hearsay is what you have heard from other people, not what you have observed, and is not admissible in court. Please print clearly or type. **Be sure to sign the form in the lower right hand corner of the following page.**

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Sworn To and Subscribed Before Me

this \_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

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My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature – Notary Public

I swear or affirm that the statement contained herein is true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_