



AFFIDAVIT

716 Furnace Street Cumberland, MD 21502
PH: 301-777-5930 Fax: 301-777-2168
www.ashelterofhope.com

Name: _____

Date: ____/____/____

Address: _____

Telephone: _____

Cell Phone: _____

Date of Incident: _____

Time of Incident: _____ AM or PM

Narrative:

Animal Owner Information:

Name: _____

Address: _____

Description of animal: Dog ___ Cat ___ Breed: _____ Color: _____

Sex: _____ Identifying Marks/Features: _____

I attest that I have filed a complaint with the Allegany County Animal Shelter, located at 716 Furnace Street, Cumberland, MD 21502. I solemnly affirm under penalties of perjury, and upon personal knowledge that the contents of this statement are true and that I am competent to testify on these matters. I also understand that if my affidavit results in the issuance of a Civil Citation that I MUST appear in Allegany County District Court if and when summoned to do so.

Signature

Date

Signature of Witness

Date

Affidavit must be witnessed by Allegany County Animal Shelter staff and witnessing must be done in person.