

———— *Clay County* ————
HEALTH DEPARTMENT

Clay County Animal Services
Affidavit

STATE OF NORTH CARLINA

Case Number: _____

Name of Person Filing Complaint: _____

Current Address: _____

Home Phone/Cell: _____

Date and time Of Incident: _____

Animal Owned by (First and Last): _____

Living at (Address-if known): _____

What Did You See in detail: _____

I hear by swear this affidavit to be my testimony to the alleged incident. I Hear By understand that giving understand that I may be asked to testify in a court hearing concerning this affidavit.

Affiant's Signature: _____