



MetroPublicHealthDept
 Nashville/Davidson County
 Promoting and Protecting Health

**Animal Care and Control
 5125 Harding Place
 Nashville, Tennessee 37211**

Vicious Dog Verification

I, _____ attest that I

witnessed a _____ dog, named _____,

Description

owned by _____,

Name

Address

attack/bite _____ or attacked a _____

Person's Name

_____, without provocation, on _____, 20_____.

This attack occurred at _____.

Address

Comments: _____

 Signature Address Date

 Phone Number Cell Phone Number

Completion of this form immediately gives representatives of the Metro Public Health Department or the Metropolitan Police Department the authority to seize the above mentioned animal and hold it at Metro Animal Care and Control facility or Veterinary Clinic until a decision is legally reached by the Metro Public Health Department or a Judge of the Metropolitan Courts.

ORDINANCE NO. 089-737 (ANIMAL CONTROL ORDINANCES)

 Name of Veterinary Clinic and Phone Number if Applicable

White Copy
 Retained by MACC

Yellow Copy -
 Owner

Pink Copy -
 Complainant