

Example

Anne Arundel County Animal Care & Control  
Affidavit of Complaint

Complainant: (First and Last Name and Full Address REQUIRED)		Owner: (First and Last Name and Full Address REQUIRED)	
John Doe		Jane Smith	
123 Dog Way		456 Water Way	
Millersville MD 21108		Millersville MD 21108	
Phone Number (REQUIRED) and Email Address		Phone Number and Email Address (If known)	
410-222-8900			
Animal (LIST ONE ANIMAL ONLY) Breed or Specific Description of the Animal (size, color(s), distinguishing features) (REQUIRED)		Name of Animal (If known)	
Black + tan German shepherd mix		MAX	
SELECT ONE VIOLATION PER AFFIDAVIT (REQUIRED)		If Public Safety Threat is selected, please select ONE paragraph below:	
<input checked="" type="checkbox"/> Article 12, Title 4-905(b) Running at Large <input type="checkbox"/> Article 12, Title 4-904 Animal Disturbance <input type="checkbox"/> Article 12, Title 4-909 Removal of Animal Excreta <input type="checkbox"/> Article 12, Title 4-903 Public Nuisance <input type="checkbox"/> Article 12, Title 4-402 Public Safety Threat (select ONE paragraph) <input type="checkbox"/> Article 12, Title 4-403 Failure to Comply with Conditions of Dangerous or Potentially Dangerous Order		<input type="checkbox"/> (1) inflicts severe injury to a person <input type="checkbox"/> (2) bites a person <input type="checkbox"/> (3) kills or inflicts injury to a domesticated animal <input type="checkbox"/> (4) attacks a person <input type="checkbox"/> (5) while at large, chases or approaches a lawfully restrained domesticated animal in an aggressive manner <input type="checkbox"/> (6) while at large, chases or approaches a person in an aggressive manner <input type="checkbox"/> (7) engages in encouraged dogfighting activity or shows evidence of having been engaged in encouraged dogfighting activity	
Location Violation Occurred (address / intersection) (REQUIRED)		Date of Violation (REQUIRED)	Time of Violation (REQUIRED)
123 Dog Way Millersville MD		01/01/25	12:52pm
Statement of Facts (REQUIRED) (Please give a narrative of an incident that occurred and how ownership of animals was established)			
Max was running loose in my yard, Digging holes with no owner in sight. (Picture attach for evidence)			

If additional space is needed to complete the statement of facts, please use additional sheets. (Do not write in the notary section or on the back of this form.)

State of Maryland, Anne Arundel County:

I Hereby Certify that on this 5 day of January, 2025 before me, the subscriber, a notary public of the State of Maryland, in and for Anne Arundel County, personally appeared John Doe who made oath in due form of law that the matters and facts outlined in this Affidavit of Complaint are true.

As WITNESS my hand on Notarial Seal

**PUBLIC  
SAFETY**

Signature of Complainant

Notary Signature and Expiration Date of Commission

Please send completed form to: Anne Arundel County Animal Care & Control,  
411 Maxwell Frye Rd., Millersville, MD 21108  
For questions, please call 410-222-3920