



# AFFIDAVIT

716 Furnace Street Cumberland, MD 21502  
PH: 301-777-5930 Fax: 301-777-2168  
[www.ashelterofhope.com](http://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.