COUNTY OF WASHINGTON, VIRGINIA
SHERIFF'S OFFICE - DIVISION OF ANIMAL CONTROL

DOG DAMAGE CLAIM

CLAIMANT INFORMATION

CLAIMANT NAME: _____

CLAIMANT MAILING ADDRESS:

_____ _____ _____ _____ _____
Street Address or P.O. Box | City | State | Zip Code | Area Code & Home Telephone

_____ _____ _____
Area Code & Work Telephone | Area Code & Mobile Telephone | E-mail

CLAIMANT STATEMENT

LIST THE FOLLOWING INFORMATION FOR EACH ANIMAL KILLED:

TYPE OF ANIMAL	SEX (M/F)	AGE	WEIGHT	HEALTH OF ANIMAL PRIOR TO DEATH	DATE ANIMAL LAST SEEN ALIVE	DATE OF ANIMAL'S DEATH	DATE DEATH REPORTED TO ANIMAL CONTROL
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

DESCRIBE LOCATION WHERE DEATH(S) OCCURRED: _____

_____

DESCRIBE THE ANIMAL(S) YOU BELIEVE CAUSED THE DEATH(S) AND IDENTIFY THE OWNER(S) OF THE(SE) ANIMAL(S), IF POSSIBLE:

_____

_____

_____

DO YOU HAVE INSURANCE THAT MAY COVER THE DAMAGES: ☐ – YES ☐ – NO If 'Yes', have you notified your insurance carrier of claim: ☐ – YES ☐ – NO

If 'Yes', NAME OF INSURANCE CARRIER:_____

AMOUNT OF CLAIM FILED: $_____ DATE FILED: _____ AMOUNT OF CLAIM PAID: $_____

CLAIMANT CERTIFICATION & SIGNATURE

I THE UNDERSIGNED CERTIFY THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND REQUEST THE COUNTY OF WASHINGTON, VIRGINIA COMPENSATE ME FOR THE LOSS(ES) DESCRIBED. I CONSENT TO INSPECTION BY THE WASHINGTON COUNTY SHERIFF'S OFFICE-DIVISION OF ANIMAL CONTROL OF THE PREMISES WHERE THE(SE) LOSS(ES) OCCURRED AND AUTHORIZE THE PLACEMENT OF TRAPS ON MY PROPERTY TO ATTEMPT TO CAPTURE THE ANIMAL(S) THAT CAUSED THE LOSS(ES) OR THAT MAY BE RUNNING AT-LARGE. I AGREE TO TESTIFY IN COURT SHOULD THE COUNTY SEEK TO PROSECUTE THE PERSON(S) BELIEVED TO BE THE OWNER(S) OF THE ANIMAL(S) THAT CAUSED THE(ES) LOSS(ES) AND TO TESTIFY AGAINST THE OWNER(S) OF ANY DOG(S) FOUND RUNNING AT-LARGE ON MY PROPERTY.

CLAIMANT SIGNATURE: _____ DATE: _____