

SANTA CRUZ COUNTY ANIMAL SERVICES AUTHORITY
DEPARTMENT OF ANIMAL CONTROL SERVICES
2200 7th Avenue, Santa Cruz, CA 95062
(831) 454-7303 Main
(831) 454-7222 Fax

Animal Control Witness Statement

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I hereby voluntarily make the following statement of my own free will without promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

- I WOULD ONLY LIKE THIS WITNESS STATEMENT TO BE FILED AS A REPORT OF THE INCIDENT.
- I WOULD LIKE TO PURSUE A THIRD PARTY CITATION FOR THE INCIDENT DESCRIBED IN THIS WITNESS STATEMENT.
- IF PURSUING A THIRD PARTY CITATION, I HAVE ATTACHED A SEPARATE SHEET WITH MY DATE OF BIRTH AND DRIVERS LICENSE NUMBER.

PERSON REPORTING INCIDENT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY () _____ NIGHT: () _____

PERSON RESPONSIBLE FOR INCIDENT OCCURRING:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: () _____ NIGHT: () _____

DESCRIBE ANIMAL INVOLVED IN INCIDENT:

SPECIES: _____ BREED: _____ SEX: _____ AGE: _____

COLOR: _____

OWNER OF ANIMAL: _____

HOW OWNER WAS IDENTIFIED: _____
