

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

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**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 of 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

