



Santa Cruz County Animal Shelter
Field Services Division
1001 Rodriguez St., Santa Cruz, CA 95062
580 Airport Boulevard, Watsonville, CA 95076
Phone: (831) 454-7200 Fax: (831) 454-7222

Animal Control Witness Statement

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, without favor or offer of favor, without leniency or offer of leniency, by any person or persons whomsoever.

PERSON REPORTING INCIDENT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

PERSON RESPONSIBLE FOR INCIDENT OCCURRING:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: DAY: _____

DESCRIBE ANIMAL INVOLVED IN INCIDENT:

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

COLOR: _____

OWNER OF ANIMAL: _____

HOW OWNER WAS IDENTIFIED: _____

DESCRIBE THE INCIDENT:

DATE: _____ TIME: _____

LOCATION OF INCIDENT: _____

DESCRIBE WHAT YOU SAW:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I have read this statement consisting of _____ page(s) and affirm to the truth and accuracy of the facts as stated and contained therein to be the best of my present recollection.

STATEMENT COMPLETED AT: _____ A.M. / P.M. ON THE: _____ DAY OF: _____, 20____

PRINTED NAME: _____

SIGNATURE: _____

WITNESS: