



# WITNESS STATEMENT

### REPORTING PARTY INFORMATION

Name			
Address		City	State
			Zip
Home Phone	Mobile Phone	Work Phone	

### INCIDENT INFORMATION

*Please be as thorough as possible in your description. If known, include exact addresses, names and detailed descriptions of animals, names and addresses of other parties involved and witnesses, etc.).*

Incident Date	Incident Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Type of Incident <input type="checkbox"/> Aggressive Animal <input type="checkbox"/> Neglect / Abuse <input type="checkbox"/> Other _____
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Location of Incident (provide exact address if known)

Details

*(Attach additional pages if necessary)*

### AFFIRMATION

***I hereby affirm, under penalty of perjury under the laws of the state of California, that the information and statement provided above are true and accurate. I further certify that this statement is made freely and voluntarily and without threat or promise of any kind.***

Signature	Date