



San Luis Obispo County
Animal Services Division
PO Box 4110
885 Oklahoma Ave
San Luis Obispo, CA 93406
(805)781-4400 / fax 781-1065



WITNESS STATEMENT / EVENT REPORT

| REPORTED BY | |
|--|-----------------------------|
| Name | _____ |
| Address | _____ |
| City | _____ State _____ Zip _____ |
| Phone | _____ Alt 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.). | |
| Type of incident | Incident Date _____ |
| <input type="checkbox"/> Aggressive Animal <input type="checkbox"/> Neglect/Abuse <input type="checkbox"/> Other _____ | |
| Location of incident | _____ |
| Details | |
| Attach additional pages if necessary. | |

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