



ANIMAL SERVICES
DEPARTMENT OF HEALTH SERVICES



Sworn Statement/Affidavit

Activity Number _____

Date _____

Victim Statement

Witness Statement

Animal Owner Statement

Name _____ DL# _____ D.O.B _____

Address _____

Home Phone _____ Cell Phone _____

Date of Incident(s) _____

Location of Incident(s) _____

Check one Narrative on page 2 Narrative contained in attached document

Please initial the statement below.

I have been made aware of Sonoma County Animal Services procedures in regard to the incident(s) specified below. Under penalty of perjury, I declare that the above/attached narrative statement consisting of _____ page(s) is a truthful and accurate account of events. _____ (Initial)

Signature: _____

Parent/Guardian Signature (if applicable): _____

Executed on (date) _____ at (place) _____

Narrative Directions

Please describe the incident(s) in legible handwriting, type in a fillable form, or prepare a printed statement, including details of the incidents(s), descriptions of any defensive action that was taken to prevent bodily injury, any attack(s) by the animal(s) including any animal bites against other people or domestic animals, and all other relevant information including any witness name and identification. If reporting an animal nuisance, including but not limited to, barking complaints, animal running at large, or attacks on livestock, describe the nuisance, including dates and times and locations when the nuisance occurs, as well as owner information. A fillable field has been provided on page 2 for this statement.

Continued on page 2

