

Animal Control and Rescue Witness Statement Form

Whatcom Humane Society
 2172 Division Street
 Bellingham, WA 98226
 360-733-2080 FAX 360-733-4746



Whatcom Humane Society
CARING FOR ANIMALS SINCE 1902

Event# _____ **ACO#** _____

I, _____, certify or declare, under penalty of perjury
(Print Name of Person Making Statement)
 under the laws of the state of Washington that the following statement(s) voluntarily given by me is true and correct. I have read the statement or it has been read to me and I know and understand the contents of the statement.

Signed: _____ **Date/Time:** _____
(Person Making Statement)

Address: _____
(Address of Person Making Statement)

Phone #: _____ **Alternate Phone #:** _____
(Person Making Statement) (Person Making Statement)

Address of Barking Dog Owner/Keeper: _____

LOG OF DOG BARKING

| Date of Barking | Time Barking Started | Time Barking Ended | ADDITIONAL COMMENTS |
|-----------------|----------------------|--------------------|---------------------|
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(Please Attach Additional Sheets If Necessary)

