



Animal Complaint Form

Return Completed Form To:

Conejo Recreation and Park District
403 W. Hillcrest Drive
Thousand Oaks, CA 91360
parks@crpd.org
(805) 495-6471 (805) 497-3199 Fax

Office Use Only

Case No. _____

Date Received _____

Complaint Information *(please print)*

Declaration By: _____

Driver License No.: _____ State: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Secondary Phone: _____

Date, Time, and Location of Violation *(Required)*

Date of Incident: _____ Time of Incident: _____ am pm

Location of Incident: _____

Description of Animal(s) *(Required)*

Address of Animal(s): _____

Animal #1

Type: _____ Breed: _____ Color: _____

Sex: Male Female Age: _____ Size: _____

Miscellaneous: _____

Animal #2

Type: _____ Breed: _____ Color: _____

Sex: Male Female Age: _____ Size: _____

Miscellaneous: _____

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Description of Incident

I declare under penalty of perjury that to the best of my knowledge, the foregoing statements are true and correct, and if subpoenaed, I will testify in any subsequent judicial proceeding.

Executed on (date) _____, at _____

_____ California

Signature: _____