CLEBURNE
ANIMAL SERVICES

2375 Service Dr., Cleburne, TX 76033
817-556-8895

VOLUNTARY STATEMENT FORM

Case#_____

Name:_____ DOB:_____ Gender: M F

Home Address: _____ City/State/Zip: _____

ID/DL#: _____Primary Phone: _____

Date/Time: _____Location of Complaint: _____

I, _____, of my own free will, give the following statement to Cleburne Animal Services:

WARNING! By signing this document, I declare, under penalty of perjury under the laws of the State of Texas, that the foregoing statement is true and correct to the best of my knowledge. Furthermore, I am also aware that making a false or misleading statement to Cleburne Animal Services is a crime which is punishable in a court of law.

Signature: _____ **Date:**_____

Witness: _____**Date:**_____

Officer Initials: _____ Page 1 of _____

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VOLUNTARY STATEMENT FORM (Cont.)

Case#_____

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