

COASTAL ANIMAL SERVICES AUTHORITY

SAN CLEMENTE - DANA POINT ANIMAL SHELTER

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BARKING DOG COMPLAINT FORM

COMPLAINANT INFO	RMATION				
COMPLAINANT'S LAST NAME	NT'S LAST NAME FIRST NAME			MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NUMBERS					
Home ()	Other ()			
BARKING DOG INFOR	MATION				
OWNER'S LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS OF BARKING DOG(S)			CITY	STATE	ZIP CODE
TELEPHONE NUMBERS					
Home ()	Other ()			
1 ST DATE:	DURATION/TIME: (A.M.	/P.M.)	CHECK ON		
ND To A STR			INCESSANT		RMITTENT 🗌
2 ND DATE:	DURATION/TIME: (A.M.	/P.M.)	CHECK ON		
DESCRIPTION OF BARKING DO	G(S)		INCESSANT		RMITTENT 🗌
RESPONSIBLE PARTY'S RELATI Tave you attempted to cor yes, name of party conta /hat happened?:	ntact the dog(s) owner or acted and date:		ponsible Party?	Yes	□ No
DATE SIGNATUR X	E				
	Coastal Animal	ail this form to I Services Auth ing Dog Desk			