



# County of San Diego

**KELLY CAMPBELL**  
DIRECTOR

DEPARTMENT OF ANIMAL SERVICES  
WWW.SDDAC.COM

2481 PALOMAR AIRPORT RD.  
CARLSBAD, CA 92011-1531  
619-767-2675  
FAX 760.431.8401

## AUTHORIZATION TO RELEASE MEDICAL RECORDS

5821 SWEETWATER RD.  
BONITA, CA 91902-2219  
619.767.2675  
FAX 619.470.9155

PATIENT'S NAME: \_\_\_\_\_

PATIENT'S DOB: \_\_\_\_\_

PATIENT'S SSN: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

DOG OWNER'S NAME: \_\_\_\_\_

ACTIVITY NUMBER: \_\_\_\_\_

DOG BITE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize  
print patient's name

\_\_\_\_\_  
print name and address of medical provider

to release to the County of San Diego Department of Animal Services all of my medical records that are related to the dog bite and/or attack listed above. I also acknowledge that the Department may release these medical records to the dog owner.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE \*

PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED AS ORIGINALS

\* THIS AUTHORIZATION EXPIRES SIX MONTHS AFTER THIS DATE