

PLEASE FAX – DO NOT MAIL
COUNTY OF SAN DIEGO DEPARTMENT OF ANIMAL SERVICES
HOSPITAL BITE REPORT

VICTIM / PATIENT INFORMATION:

NAME: _____ AGE / DATE OF BIRTH _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: _____

ANIMAL BITE INFORMATION:

ADDRESS WHERE BITE OCCURRED: _____

TIME BITE OCCURRED: _____ DATE BITE OCCURRED: _____

SEVERITY OF ANIMAL BITE (CHECK ONE): MINOR _____, MODERATE _____, SEVERE _____

AREA OF BODY AFFECTED: _____

HOSPITAL INFORMATION:

NAME OF HOSPITAL: _____

ADDRESS: _____

PHONE #: _____ NAME OF PHYSICIAN: _____

COMPLETED BY: _____ DATE: _____

ANIMAL OWNER INFORMATION:

NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: _____

ANIMAL DESCRIPTION INFORMATION:

(CHECK ONE): DOG _____ CAT _____ PUPPY (4 MONTHS OR YOUNGER) _____ KITTEN _____ OTHER _____

ANIMAL SEX: MALE _____ FEMALE _____ . ANIMAL NAME: _____

ANIMAL COLOR: _____ ANIMAL BREED: _____

SOUTHERN REGION
5821 SWEETWATER ROAD
BONITA, CA 91902
619.236.4250
FAX 619.470.9155
24 HR Emergency Dispatch **619.236.2341**

NORTHERN REGION
2481 PALOMAR AIRPORT ROAD
CARLSBAD, CA 92011
760.438.2312 OR 760.746.7307
FAX 760.431.8401

OTHER AGENCIES: (FAX NUMBERS)

CHULA VISTA / IMPERIAL BEACH / LEMON GROVE = 619.476.2478

EL CAJON (CITY) = 619.448.3801

ESCONDIDO / SAN MARCOS / POWAY = 760.839.0581

LA MESA = 619.667.1419

NATIONAL CITY = 619.336.4525

OCEANSIDE / VISTA (CITY) = 760.757.3547