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

DAS 06/26/2019