

PLEASE FAX - DO NOT MAIL
SAN DIEGO COUNTY DEPARTMENT OF ANIMAL CONTROL
HOSPITAL BITE REPORT

VICTIM/PATIENT INFORMATION:

NAME: _____ AGE/DATE OF BIRTH: _____
STREET ADDRESS: _____
CITY: _____ ZIP CODE: _____ PHONE# _____

DOG BITE INFORMATION:

ADDRESS WHERE BITE OCCURRED: _____
TIME BITE OCCURRED: _____ DATE BITE OCCURRED: _____

HOSPITAL INFORMATION:

NAME OF HOSPITAL: _____
ADDRESS: _____
PHONE NUMBER: _____ NAME OF PHYSICIAN: _____
SEVERITY OF ANIMAL BITE (CHECK ONE): MINOR: ____, MODERATE ____, SERIOUS: ____
COMPLETED BY: _____ DATE: _____

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: _____

SOUTH COUNTY SHELTER
5821 SWEETWATER ROAD
BONITA, CA 91902
(619) 498-2300

CENTRAL COUNTY SHELTER
5480 GAINES STREET
SAN DIEGO, CA 92110
(619) 236-4250

NORTH COUNTY SHELTER
2481 PALOMAR AIRPORT ROAD
CARLSBAD, CA 92009
(760) 967-4650 (Hotline) OR
(619) 231-2341 (Emergency)

FAX# (619) 470-9155

FAX# (619) 767-2687

FAX# (760) 431-8401

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CHULA VISTA /IMPERIAL BEACH – 619-691-5123; EL CAJON (CITY) – 619-448-7383;
LA MESA (CITY) – 619-469-6111; NATIONAL CITY – 619-336-4478; OCEANSIDE/VISTA (CITY) – 760-757-4357