

**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

CENTRAL REGION  
5480 GAINES STREET  
SAN DIEGO, CA 92110  
619.236.4250  
FAX 619.767.2687  
24 HR 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