

INCIDENT REPORT

(INJURY TO HUMAN CAUSED BY ANIMAL)

Please use this form to report an animal bite that caused injury to a human. If this incident occurred at a dog park, the report will be filed as information only. Dog parks are considered "use at your own risk." If this incident occurred outside of a dog park, a Humane Law Enforcement officer will follow up to assess further.

Name:		
1 4a111C	Email: .	
Street:	City, State, ZIP:	
Mobile Phone:	Date of Birth: .	
	e e-mail from San Diego Humane Society. e postal mail from San Diego Humane Society.	
Who was bitten? □ Yo	ourself	
Victim's Name:	Email: _	
Gender: □ Male □ Fema	ale 🗆 Other:	☐ Unknown ☐ Do not wish to disclose
Street:	City, State, ZIP:	
Mobile Phone:	Date of Birth:	
Bite Information		
Address / Location Where In	ncident Occurred:	
Area of Body Affected:	Severity of Bite:	r □ Moderate □ Severe
Time of Incident:	Date of Incident: If bitt	en, did the bite break skin? 🛭 Yes 🗀 No
Circumstance of Bits.		
	ned before, during and after the incident. Include as	much detail as you can remember:
Please describe what happen Hospital Information:		·
Please describe what happen Hospital Information: Name:	ned before, during and after the incident. Include as Address: Physician:	·
Please describe what happen Hospital Information: Name:	Address: Physician:	·
Please describe what happen Hospital Information: Name: Phone:	Address: Physician:	Date of Visit:
Please describe what happen Hospital Information: Name: Phone: Animal Owner Informat	Address: Physician: tion (if known):	Date of Visit:
Please describe what happen Hospital Information: Name: Phone: Animal Owner Informat	Address: Physician: tion (if known): Street: Dog Owner's Telephone Number	Date of Visit:
Please describe what happen Hospital Information: Name: Phone: Animal Owner Information: Name: City, State, ZIP:	Address: Physician: tion (if known): Street: Dog Owner's Telephone Number	Date of Visit:
Please describe what happen Hospital Information: Name: Phone: Animal Owner Informat Name: City, State, ZIP: Animal Description Info Please describe the animal in	Address: Physician: tion (if known): Street: Dog Owner's Telephone Number	Date of Visit:

Incidents that do not have known animal owner information may limit the response from Humane Law Enforcement. If you obtain additional information after submitting this form, please call San Diego Humane Society's Dispatch at 619-299-7012 (press 1).