



Incident Report

Please mail completed form to:
CVACF 130 Beyer Way, Chula Vista, CA 91911

It has come to the attention of Chula Vista Animal Control that you or your animal may have been bitten, attacked or harassed by an animal, that you witnessed such an event, or that you have suffered property damage caused by an animal on or about _____ date

Investigating Officer _____

If so, please provide the requested information as soon as possible so the incident may be properly investigated, and any corrective or administrative action initiated. Once completed, please mail this form to the Animal Care Facility at the above address. Please type or print clearly.

Victim/Witness

Last Name _____ First Name _____ Mi _____ Age: _____

Address _____ City _____ CA _____ Zip Code _____

Daytime Phone () _____ Home Work _____ Evening Phone () _____ Home Work _____

Nature of Incident: Bite - Human Victim Bite - Animal Victim Non-Bite Attack of: Human Animal Harassment of: Human Animal Property Damage

Location of Incident: _____

Date of Incident: (MM/DD/YY) _____ Time of Incident: _____ Victim's Activity _____

Description of Victim Animal

Breed: _____ Color: _____ Size: _____ Male/Female _____

Description of Attacking Animal

Breed: _____ Color: _____ Size: _____ Male/Female _____

Location and Extent of Injury: _____

If Injured, Name, Address, Phone Number and Health Care Provider _____

Name and Address of Animal Owner: _____

Description of Incident: _____

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, EXECUTED ON _____ date AT _____ time CALIFORNIA

Signature: _____

Signature of Parent or Guardian if Under 18: _____