

[Animal Details](#) [Print Kennel Card](#)Multnomah County
Kennel Card

Rhea

Multnomah
County
Animal Services**Animal ID: 349576**
Shelter Tag:
Status: Euthanized**Current Location: - #**

Type: Dog

Date In Shelter: 4/17/2025

Breed: American Pit Bull Mix

Date Available: 4/17/2025

Primary MicroChip: [REDACTED]

Primary Color: Merle
Secondary Color:

Sex: Female

Age: 3 Years

Weight: 48.375 lbs

Media Animal:

Distinguishing Features / Markings:**Adoption Summary:****Vet Treatment Type****Date Given**

Fipronil (Effipro) Topical - 2.68ml

4/17/2025

Pyrantel Pamoate (Strongid) Oral - 5ml

4/17/2025

DA2PP 1 year Injectable 1ml SQ

4/17/2025

Bordetella (Intra-Trac 3) 1ml Intranasal

4/17/2025

Vet Treatment Due**Date Due**

Bordetella (Intra-Trac 3) 1ml Intranasal

4/17/2026

DA2PP 1 year Injectable 1ml SQ

4/17/2026

Pyrantel Pamoate (Strongid) Oral - 5ml

5/1/2025

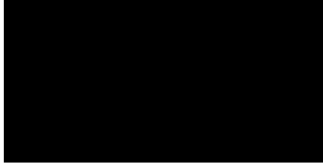
Fipronil (Effipro) Topical - 2.68ml

5/15/2025

Status History

Sub-Statuses: [Expand All](#) | [Collapse All](#)

New Status (statusHistory.asp? animalid=349576&orderby=newStatus)	Status Date (statusHistory.asp? animalid=349576&orderby=statusDate)	User (statusHistory.asp? animalid=349576&orderby=U.firstname)	Animal Type (statusHistory.asp? animalid=349576&orderby=animalType)	Animal
Euthanized	19-Apr-2025 8:31		Dog	Shelte
Awaiting Euthanasia	18-Apr-2025 10:03		Dog	Shelte
Hold	17-Apr-2025 13:11		Dog	Shelte



Close Window Show/Hide User Print Advanced Print

Existing General Animal Notes

Animal ID: 349576
 Type: Dog
 Breed: American Pit Bull
 Name: Rhea

Entry Date/Time	Category	Notes
4/19/2025 8:31:26 AM	Euthanasia Notes	Correction: C.E.T Euthanasia Process Final scan for microchip: Y, matches SB SP Bottle #: 35 and 36 SP Amount: 3.0ml from #35 and 3.0ml from #36 SP Route: IV Sedative/Analgesic Type/Amount/Route: TTDex 0.60ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y -ER [REDACTED]
4/19/2025 8:30:27 AM	Euthanasia Notes	C.E.T Euthanasia Process Final scan for microchip: Y, no MC SP Bottle #: 35 and 36 SP Amount: 3.0ml from #35 and 3.0ml from #36 SP Route: IV Sedative/Analgesic Type/Amount/Route: TTDex 0.60ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y -ER [REDACTED]
4/18/2025 11:37:05 AM	Supervisor/Manager Notes	Euthanasia Sign Off - Supervisor/Manager Microchip scan has been completed (Y/N): Yes ID Trace/Owner contact has been completed (Y/N/NA): Yes Rounds Review notes have been entered (Y/N): Yes Foster/Transfer options have been checked (Y/N/NA): NA Evaluation category has been entered (Y/N): Yes Euthanasia reason has been entered (Y/N): Yes Due out date is correct (Y/N): Yes Status is Awaiting Euthanasia (Y/N): Yes
4/18/2025 10:03:28 AM	Rounds Review	Rounds met and will proceed with euthanasia due to uninterruptable aggressive drive towards other animals in the home, resulting in the death of the animal.
4/17/2025 5:12:53 PM	Ownership Notes	-Microchip- Contacted Home Again for chip # [REDACTED] That chip is attached to the following pet: Pet Name: Rhea Sex: F Spayed/Neutered: unknown Pet Date of Birth: unknown Owner information on Microchip Account PRIVACY FLAG ON THE ACCOUNT: (NO) Owner Name: Sarah and Gabriel [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address: [REDACTED] Alternate Contact: none

Implant facility: Birch Street Animal Clinic
Phone Number: 503-266-5881
Lot #: unknown
Microchip Sold Date: unknown

4/17/2025 4:21:47
PM

Ownership Notes

349575 and 349576 came in together

Close Window Show/Hide User Print Advanced Print

Existing General Animal Notes

Animal ID: 349576
 Type: Dog
 Breed: American Pit Bull
 Name: Rhea

Entry Date/Time	Category	Notes
4/19/2025 8:31:26 AM	Euthanasia Notes	Correction: C.E.T Euthanasia Process Final scan for microchip: Y, matches SB SP Bottle #: 35 and 36 SP Amount: 3.0ml from #35 and 3.0ml from #36 SP Route: IV Sedative/Analgesic Type/Amount/Route: TTDex 0.60ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y -ER [REDACTED]
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4/18/2025 11:37:05 AM	Supervisor/Manager Notes	Euthanasia Sign Off - Supervisor/Manager Microchip scan has been completed (Y/N): Yes ID Trace/Owner contact has been completed (Y/N/NA): Yes Rounds Review notes have been entered (Y/N): Yes Foster/Transfer options have been checked (Y/N/NA): NA Evaluation category has been entered (Y/N): Yes Euthanasia reason has been entered (Y/N): Yes Due out date is correct (Y/N): Yes Status is Awaiting Euthanasia (Y/N): Yes
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Implant facility: Birch Street Animal Clinic
Phone Number: 503-266-5881
Lot #: unknown
Microchip Sold Date: unknown

4/17/2025 4:21:47
PM

Ownership Notes

349575 and 349576 came in together

STAFF USE ONLY

Date Received: _____ Animal ID: 3A9576 Shelter Location: _____ Weight: _____

Identification Type: Microchip License Identification Tags None ID Number: _____

Surrender/Pet Personality Profile

The information you provided on this form will help MCAS determine what pathway options we have for your pet. Please note that MCAS cannot guarantee placement of pets into new homes.

Owner Information

Name: GABRIEL

Email: _____

Pet Information

Pet Name: RHEA Color: LILAC MERLE Possible Breed: AMERICAN BULLY Age: 3
 Gender: (Circle One) Male Female Spayed/Neutered?: (Circle One) Yes No Unknown

Do you have a regular clinic where we can reach out for this pet's medical records?

- No, this pet does not have medical records
 Yes, we have a Veterinarian. The clinic's name and phone number is: _____

Is this pet on any special diets or diagnosed with any medical conditions? Yes No

If you answered 'Yes', please describe:

Ownership History

Please check the reason you are surrendering this pet:

- Behavior with Animals Moving - Cannot Take Medical Needs of Pet Behavior with People
 Eviction/Housing Cost of Pet Care Other: _____

Where did you get this pet?: BREEDER How long have you owned this pet?: 3 YEARS

To your knowledge, has this pet bitten a person in the last ten days?

- No, not to my knowledge Yes, but no skin was broken Yes, and skin was broken

If you answered 'Yes', please describe what occurred:

Household Information

Where did this pet mainly live while in your care? Indoor only Indoor/Outdoor Outdoor only

How was this pet when they were...?

<p style="text-align: center;"><i>Greeting Strangers</i></p> <input type="checkbox"/> Playful <input checked="" type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A Other: _____	<p style="text-align: center;"><i>Left Alone/Crate Training</i></p> <input type="checkbox"/> Playful <input checked="" type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A Other: _____	<p style="text-align: center;"><i>House/Litter Box Training</i></p> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> Unsure <input type="checkbox"/> N/A Other: _____
---	--	---

<p style="text-align: center;"><i>Meeting New Dogs</i></p> <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input checked="" type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A Other: _____	<p style="text-align: center;"><i>Meeting New Cats</i></p> <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input checked="" type="checkbox"/> Poorly <input type="checkbox"/> N/A Other: _____
---	---

Please enter additional details or information here:

In your care, did this pet live with the following?

<p style="text-align: center;"><i>Kids (Under 10)</i></p> <input type="checkbox"/> No, they did not live with kids <p style="text-align: center;">or</p> Yes, they lived with kids and most of the time they were.... <input checked="" type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Not Good Other: _____	<p style="text-align: center;"><i>Cats</i></p> <input type="checkbox"/> No, they did not live with cats <p style="text-align: center;">or</p> Yes, they lived with cats and most of the time they were.... <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input checked="" type="checkbox"/> Not Good Other: _____	<p style="text-align: center;"><i>Dogs</i></p> <input type="checkbox"/> No, they did not live with dogs <p style="text-align: center;">or</p> Yes, they lived with dogs and most of the time they were.... <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input checked="" type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Not Good Other: _____
--	---	---

Please enter additional details or information here:

Tell us more about this pet!

This pet likes...

- Playing with toys Snacks / treats Going on walks Being with people Water activities
 Dog parks / meeting dog friends People visiting Car rides Sleeping Snuggling Alone time
 Relaxing Learning new things Exploring their surroundings Petting / getting attention

This pet has trouble with...

- Meeting dogs Sharing things Stairs Small animals / wildlife Their manners
 Car rides Being at the vet New things / activities Being contained Thunderstorms / fireworks

Some other words to describe this pet...

- Couch potato Lazy Adventure seeker Vocal Party animal Loner Smart
 Social butterfly Escape artist Protective Expressive Goofball Well-behaved

Owner Signature and Relinquishment

I understand that signing this form relinquishes all ownership rights. I understand that all ownership now transfers from myself to Animal Services. I also understand that it is the sole discretion of Animal Services if said pet is adopted, transferred, or euthanized.

Owner Print Name: GABRIEL

Owner Signature

Additional Staff Notes:

Dogs killed AO's cat today. Said they have three cats, have lived fine with the two that aren't afraid of the dogs, but the newest cat is fearful and will run from them. Today - they chased, attacked, and killed. AO had to beat dogs with metal pipe to break up fight/attack. Both dogs had low BCS, visible*old* injuries, possibly cat scratches per AO, and poor skin condition. JG





Do not use Toolbar Buttons
You are logged in as: [Redacted] (Shelter)



- Search
- New Dispatch
- Job
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- Dispatch
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Person Details

Scroll To Bottom

Person Menu

List Animals In Shelter Care	Relationships	Donor History	Notes
List Animals Responsible For	Add Receipt	Financial History	Discussion
List All Animals	Add Refund	Sell Product / Service	Donor
Target Audience Mailing Lists	Bank Account Details		Volunteer
Mailing Lists	External License Issuer		Foster
Spay / Neuter Deposit Refund (H)			Wildlife Dispatch

Person 250179

ID Number: 250179

Entered By: [Redacted] (4/17/2025)

Person Validated Date Validated:

Flag Person To Delete

Record Last Updated By: [Redacted] On 4/17/2025 1:11 PM

[Photo / Document Manager](#)

[Update Details](#)

Record Type: Person

Contact Number: 503-988-7387

- Main Details
- Other Contacts
- Other Addresses
- Company
- Salutations
- Personal Info
- County

Name & Title

Title: Honorary Title: Suffix:

First Name: Gabriel Last Name: [Redacted] Middle Name:

Preferred Name: Nickname:

Title 2: Suffix 2:

Gender: DOB:

Spouse / Partner Details

Address Details

Physical Address: Mailing Address: Copy Physical Address:

Contact Details ⊕

Method of Identification ⊖

Second Method of Identification ⊕

Special Message

Would person like to be on mailing list? Yes ▼

Person Acquired From ▼

Old Database Number _____

Bpay number ████████████████████

Preferred Mailing List ▼

Status Active

Do not Foster This person is a Veterinarian

Prospective Donor Accept Text Message (SMS) mail? Do not disclose person details

Breeder of Animals

Great supporter of Multnomah County

Do not adopt Reason _____ ▼ Date _____ (H)

Small Notes _____

Update Details

Personal Categories

<input type="checkbox"/> Adoption	<input type="checkbox"/> Human Resource Management	<input checked="" type="checkbox"/> Surrender
<input type="checkbox"/> Staff	<input type="checkbox"/> Lost	<input type="checkbox"/> Found
<input type="checkbox"/> Equipment Loan/Hire	<input type="checkbox"/> Stray	<input type="checkbox"/> License
<input type="checkbox"/> Returns	<input type="checkbox"/> Dog Bites	<input type="checkbox"/> Special Fundraising
<input type="checkbox"/> Euthanasia Request	<input type="checkbox"/> Permits	<input type="checkbox"/> Event Attendee
<input type="checkbox"/> Redemption / Relinquish	<input type="checkbox"/> Special Adoption	<input type="checkbox"/> Bequest
<input type="checkbox"/> Boarding	<input type="checkbox"/> Donor	<input type="checkbox"/> Agency Incoming
<input type="checkbox"/> Agency Outgoing	<input type="checkbox"/> Dog Obedience	<input type="checkbox"/> Pledge
<input type="checkbox"/> DOA	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Member
<input type="checkbox"/> Wildlife	<input type="checkbox"/> Branch / Community Council Member	<input type="checkbox"/> Clinic

ShelterBuddy - Person Details

<input type="checkbox"/> Voucher / Certificate	<input type="checkbox"/> Board Member	<input type="checkbox"/> Foster Person
<input type="checkbox"/> Identification type & Services	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Emergency Evacuation
<input type="checkbox"/> Media Contact	<input type="checkbox"/> General Mailing	<input type="checkbox"/> Pre Adoption Counselling
<input type="checkbox"/> Hold Interested Party	<input type="checkbox"/> Dispatch	<input type="checkbox"/> Major Donor
<input type="checkbox"/> Online Diary	<input type="checkbox"/> External Rabies	<input type="checkbox"/> Sponsorship
<input type="checkbox"/> Corporate Partner	<input type="checkbox"/> Community Fundraising	<input type="checkbox"/> Emergency Boarding
<input type="checkbox"/> Abandoned Animals		

For all creatures great and small

4.65.2 (Dingo)



You are logged in as: Nicole Hagen (Shelter)

User Settings
Switch Location



- Search
- New Dispatch Job
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- Data Import
- Administration
- Logout

- View Dispatch Jobs
- Support
- Intranet

Contact Number
503-988-7387



Edit Animals Details

Animal ID: 349576
 Name: Rhea
 Age: 3 Years
 Breed: American Pit Bull
 Entered By: [Redacted] on 4/17/2025
 Flag Animal To Delete:



Photo / Document Manager

Update Details

Identification Details

Source (H) **Owner Surrender** ▼

Status (H) **Euthanized** ▼

Sub-Status: **Edit Sub-Status**

Other Identification (eg. tattoo):

Emergency Clinic Ref Number

Emergency Boarding Reason (H)

Shelter Tag / Band Number (H)

Tag / Band Color: **--Select--** ▼

Rabies Tag No.:

Microchip Brand

Implanter Name

Microchip Registered With

ID / Microchip Checked? **Yes** ▼

Breeder / Shelter Registration # (H)

Bar Code Number

Current License Details (history)
This animal has no license details.

License Details Found on Animal

Dangerous Animal: (H)

Has Animal Bitten?

Go to Person Record

Status Date: 4/19/2025 08:31 AM

ACO Record # (H)

Case Number (H)

MCID Tag (H)

MCID Tag Size: **--Select--** ▼

Rabies Tag Valid Until: [Calendar]

Microchip Number: [Redacted]

Implanter Date: [Calendar]

Previously Microchipped?

Set Default Breeder Supply Number

Old Database Number

Identification Confirmation Details & Multiple Microchip Numbers Info

Animal Details

Is This A Cruelty Case Animal?

Animal Name (H) **Rhea** Abd

Age: **W** Weeks **M** Months **Y** 3

Is this an approximate Age?

DOB: 4/17/2022 [Calendar]

Date of Weighing: 4/17/2025 [Calendar]

Age Group: [Dropdown]

Weight: (H) 48 6 lbs, oz ▼

Class: Domestic

Type: Dog **Change**

Feral: **No** ▼

Breed/Species: **American Pit Bull**

Mixed Breed: **Mixed** ▼

Secondary Breed/Species:

Circumstance: **Owner Surrender** ▼

Animal Received: (H) [Dropdown]

Spayed / Neutered: **No** ▼ Previously Spayed / Neutered?

Declawed?

Gender: **Female** ▼

Size: [Dropdown]

Primary Color: **Merle** ▼

- #### Animal Menu
- Pitbull Release Form
 - Medical Notes
 - Physical Exam (H)
 - Animal Behavior
 - Behavior Assessment
 - Post Adoption Questionnaire
 - View Owner History
 - Kennel Card
 - View Medication Sheet
 - Sponsor Letter
 - Animal Deceased
 - Animal Privately Rehomed - New Owner Unknown
 - Clinic Behavior
 - Edit Adoption Summary (H)
 - Add Multiple Animals
 - Microchip Disclosure Letter
 - MCID Tag Letter
 - Vet Treatment History (Vacc Cert)
 - Rabies Certificate
 - Add Vet Treatment
 - View Vet Treatment History
 - Pet Portfolio
 - Youtube Videos (0)
 - Put Animal On Hold (0)
 - View Medical History
 - General Animal Notes (H [5])
 - Transfer (H)
 - Add Bite/Scratch Incident (H [0])
 - Create Litter
 - Bonded Animals
 - Special Needs Notes
 - Restricted / Legislated Breed Form (H)
 - Socialization Questions (H)
 - Spayed / Neutered Certificate

Secondary Color:

Distinguishing Features / Markings:

Coat Type: **Smooth**

Coat Length: **Short**

Ear Type: **Mismatched**

Collar Type: **Nylon**

Cause Of Affliction (H):

Injury: **Body injury**

With Litter?

Media Animal (H): **Select options**

Media Animal Notes (H):

Evaluation Category: (H) **UU - Unhealthy-Untreatable**

Intake Health Condition: **Add options to this list through administration**

Intake Behavior Condition: **Add options to this list through administration**

Tail Type: **Full**

Eye Color: **Brown**

Collar Description: **Rainbow**

Reason:

Other Injury:

Number in Litter:

Suitable for events / satellite pet shops:

Alternative / Specialized Placement:

Condition: **Select options**

Outcome Health Condition: **Add options to this list through administration**

Outcome Behavior Condition: **Add options to this list through administration**

- Waiver / Indemnity
- Add Medication
- Copy Vet Treatments to Other Animals
- Sell Product / Service
- Foster Experience
- Add Animal Care Request
- Email Updates
- Edit Animal Care Request
- Animal Tasks
- Insurance Form

- 12+** 12+
- 8+** Age 8 and up
- EPG** Easy Play Group
- G** Green
- House Trained**
- Longterm Resident**
- No Cats**
- No Children**
- No Dogs**
- No Livestock**
- OK with Cats**
- OK with Dogs**
- OS** Owner Surrender
- PG 1** Play Group 1
- PG 2** Play Group 2
- PG 3** Play Group 3
- Special Diet**
- Special Fee**
- Special Needs**

Status Details

Adoption Amount: \$ Available For Adoption Date: **4/17/2025**

OR

Due Out In (days): Due Date Out (H): **4/17/2025**

Date Found: Date Lost:

Physical Location: Shelter Location: (H)

Kennel: **Please select a shelter location first.**

Date In Shelter: **4/17/2025** Time In Shelter: **01** : **11** **PM** **Use current time**

Return Reason (H):

Other Return Reason:

Spayed / Neutered Due Date:

Lost / Found Details

Condition when Lost/Found:

Lost / Found Address (H):

Street Number: Direction1: Street Name:

Street Type: Direction2: Apartment Number:

Nearest Cross Street:

Undefined Address: **OWNER SURRENDER**

City: **Find City**

Zip Code: **Find Zip Code**

State: **Oregon**

Jurisdiction: **Multnomah County**

Country: **United States**

Characters left: 85

Landmarks

Latitude

Longitude

S Stray

Receipts

Receipt #
334761 -
Surrender,
\$50.00,
4/17/2025
(Debit Card)
Email

General Details

Surrendered Reason: Aggressive towards other animals

Euthanasia Reason: DBUU-2

Other Euthanasia Reason:

Secondary Euthanasia Reason:

No Euthanasia:

Euthanasia Type: Lethal Injection

Approved for Euthanasia:

Owner present for euthanasia:

Send Sympathy Card?:

Special Message: 349575 and 349576 came in together

Drug Link

Adoption Notes:

General Notes:

Ownership Notes:

Foster Parent Notes:

No Euthanasia Contact:

Euthanasia authorized by:

- No Euthanasia Details ⊕
- Insurance Details ⊕
- Wildlife Details ⊕

[Update Details](#)

Record Last Updated By: [REDACTED] On 4/19/2025 8:31:51 AM

For all creatures great and small

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 **Multnomah
County
Animal Services**

Medical History Report

Multnomah County
1700 W Columbia River Hwy, Troutdale,
OR 97060
503-988-7387

Animal ID	Name	Type	Breed	Mixed	Secondary Breed	Color(1)
349576	Rhea	Dog	American Pit Bull	Yes		Merle
Color(2)	Gender	Spayed / Neutered	Age	MCID Tag	Other Identification	Primary Microchip #
	Female	No	3 Years			

Veterinary Clinic Software Record #:

Weight: 48 lbs 6 oz

Date of Weighing: 4/17/2025

Intake

Date: 17-Apr-2025

Weight: 48.375 lbs

Attitude

 Normal BAR

Ears

 Abnormal Mild debris, sores, crusty, right ear more crusty/scaly

Eyes

 Normal clean

Nose

 Normal clean

Mouth/teeth/gums

 Normal mild to moderate tartar and staining

Heart

 N/A

Coat & Skin

 Normal very flaky, long nails, sores on front legs and areas of hair loss with irritated skin, several scratches/ healing wounds on face

Urogenital

 Normal intact female- no spay scar or tattoo seen, enlarged mammary development

Mobility/musculoskeletal

 Normal no issues observed

Result:

Comments: Admission Behavior Observations:

Microchip Scan (Positive/Negative/Unable): Positive

1. Offer Tasty Food: Readily ate

2. Overall Body Posture: loose, wiggly, accepting contact

3. Face: soft

4. Tail: wagging

5. Ears: forward

6. Eyes: soft

7. Mouth: closed

8. Vocalizing: quiet

9. Fear-Anxiety-Stress(FAS) Observed Intake: low FAS

10. Other Behavior Observations: Owner surrender- came into room with owner and other dog. Social with handlers and allowed all handling and treatments. Very food motivated and ate ravenously. ACR to AH due to body condition and placing on rounds to determine appropriate pathway.

Date Spayed / Neutered:

Schedule Surgery Date:

Stitches Removal/Wound Recheck Date:

Clinic Name:

Previously Spayed / Neutered: No

General Vet Notes:

Previous Medical Details:

Known Allergies or Medical Conditions:

Feeding Requirements:

Indemnities/Waivers:

Medical Notes

Notes	Date
No Medical Notes Stored	

Vet Treatments

Date Administered	Vet Treatment Type	Amount Given	Route of Administration	Treatment Result	Administered by External Vet
4/17/2025	Fipronil (Effipro) Topical - 2.68ml				
4/17/2025	Pyrantel Pamoate (Strongid) Oral - 5ml				
4/17/2025	DA2PP 1 year Injectable 1ml SQ				
4/17/2025	Bordetella (Intra-Trac 3) 1ml Intranasal				

Vet Treatments Due

Date Due	Vet Treatment Type
5/1/2025	Pyrantel Pamoate (Strongid) Oral - 5ml
5/15/2025	Fipronil (Effipro) Topical - 2.68ml
4/17/2026	Bordetella (Intra-Trac 3) 1ml Intranasal
4/17/2026	DA2PP 1 year Injectable 1ml SQ

Medications

Medication	Amount Dispensed	Route of Administration	Frequency	Date From	Date To	Vet Name	Reason	Notes	Instructions
No medications administered to this animal.									

Drug Usage

No drugs administered to this animal.

Vet Consultations

Date	Reasons	Diagnosis	Vet Notes	Vet	Date Resolved
19-Apr-2025	Euthanasia		Cvt Notes: 8:31 AM C.E.T Euthanasia Process Final scan for microchip: Y, matches SB SP Bottle #: 35 and 36 SP Amount: 3.0ml from #35 and 3.0ml from #36 SP Route: IV Sedative/Analgesic Type/Amount/Route: TTDex 0.60ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y	E R CVT	

			-ER [REDACTED]		
	Medical Update		<p>Vet Asst. Notes: 10:58 AM</p> <p>Animal Care Request (ACR) ACR Notes: BCS 3/10, check overall skin condition and ears Assessment: Ribs apparent and obvious waist would rate 3/9 BCS. Raw patch of hair loss on right front limb near ankle joint and multiple small patches on right hip area but appears to be healing. Ears have mild debris and would benefit of an ear cleaning. Medications: None Plan: Start on twice feeds and recheck weight and BCS in a week. Continue to monitor for resolution of skin issues.</p>	A [REDACTED] L [REDACTED]	

Clinic Consultations

Consult Date	Procedures	Additional Procedures / Conditions	Products	Physical Exam	Comments	Vet	Notes to Owner
No consultations							
Post Surgical Exam Performed By: _____							

Weight History

Weight	Weight Date	Date Updated	User
48 lbs 6 oz	4/17/2025	4/17/2025	[REDACTED]

Vet Notes History

No notes entered
