

[Animal Details](#) [Print Kennel Card](#)Multnomah County
Kennel Card**Toby**Multnomah
County
Animal Services**Animal ID: 320255****Shelter Tag:****Status: Stray Hold****Current Location: Shelter - Dog Intake #41**

Type: Dog

Date In Shelter: 6/22/2025

Due Date Out: 6/29/2025

Date Available:

Primary MicroChip: [REDACTED]

Breed: Pomeranian Mix

Primary Color: Red

Secondary Color:

Sex: Neutered Male

Age: 12 Years 11 Months 1 Week (approx)

Weight: 14.375 lbs

Media Animal:

Distinguishing Features / Markings:**Adoption Summary:**

If you are interested in adopting this animal please provide the Animal ID number found on the upper left hand corner of this Kennel Card to an Adoption Center Representative and they will be happy to assist you.

Vet Treatment Type	Date Given
Bordetella (Intra-Trac 3) 1ml Intranasal	6/5/2020
DA2PP Puppy Injectable 1ml SQ	6/5/2020
Rabies Vaccination 1ml SQ	7/31/2020
Worming - Pyrantel Pamoate (Strongid)	7/11/2024
Flea Treatment- Effipro (Fipronil)	7/11/2024
DA2PP 1 year Injectable 1ml SQ	7/11/2024
Bordetella (Intra-Trac 3) 1ml Intranasal	7/11/2024
Worming - Pyrantel Pamoate (Strongid)	6/22/2025
Fipronil (Effipro) Topical - 0.67ml	6/22/2025

Vet Treatment Due	Date Due
Rabies Vaccination 1ml SQ	7/31/2021
Bordetella (Intra-Trac 3) 1ml Intranasal	7/11/2025
DA2PP 1 year Injectable 1ml SQ	7/11/2025

Worming - Pyrantel Pamoate (Strongid)
Fipronil (Effipro) Topical - 0.67ml

7/6/2025
7/20/2025

Status History

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

New Status (statusHistory.asp? animalid=320255&orderby=newStatus)	Status Date (statusHistory.asp? animalid=320255&orderby=statusDate)	User (statusHistory.asp? animalid=320255&orderby=U.firstname)	Animal Type (statusHistory.asp? animalid=320255&orderby=animalType)	Animal Type (statusHistory.asp? animalid=320255&orderby=animalType)
Stray Hold	22-Jun-2025 11:37		Dog	Shelte
Reclaimed	12-Jul-2024 13:25		Dog	Shelte
Stray Hold	11-Jul-2024 11:35		Dog	Shelte
Information	1-Sep-2020 11:20		Dog	Shelte
Reclaimed	5-Jun-2020 14:34		Dog	Shelte
Stray Hold	5-Jun-2020 10:27		Dog	Shelte

Close Window Show/Hide User Print Advanced Print

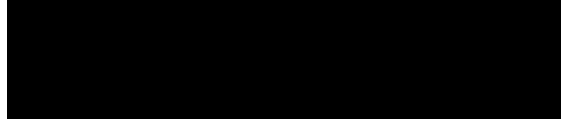
Existing General Animal Notes

Animal ID: 320255
Type: Dog
Breed: Pomeranian
Name: Toby

Entry Date/Time	Category	Notes
6/23/2025 10:21:04 AM	Ownership Notes	<p>Called Dianne [REDACTED] got message call was not able to go through at this time and to try back.</p> <p>Called Rick [REDACTED] Left VM with AID, hours of operation and reclaim instructions.</p> <p>Taking off ID trace as all AO contacts attempts have been made.</p>
6/22/2025 2:08:01 PM	Ownership Notes	<p>Called Dianne [REDACTED] Came back as the number is not answering message. Not able to leave message.</p> <p>Called Rick [REDACTED] VM came back as someone else, was not able to clearly hear the name. I left the AID, phone number, hours of operation, and hold date. I asked if they know Rick [REDACTED] to have him contact us and if we have the wrong number to let us know.</p> <p>Sent OC Text to both number. Sending OC Letter to the address from the microchip.</p> <p>Found possible info on True People for Rick [REDACTED] [REDACTED]</p> <p>Called [REDACTED] Came back as call did not go through. Sending OC Letter to this address as well.</p>
6/22/2025 1:50:56 PM	Ownership Notes	<p>-Microchip-</p> <p>Contacted 24 Pet Watch for chip [REDACTED]</p> <p>That chip is attached to the following pet: Pet Name: Toby Sex: M Spayed/Neutered: Y Pet Date of Birth: 2/1/2010</p> <p>Owner information on Microchip Account PRIVACY FLAG ON THE ACCOUNT:(YES or NO)- N</p> <p>Owner Name: Dianne [REDACTED] [REDACTED]</p> <p>Implant facility: Companion Pet Clinic of Scappoose Phone Number: 503-543-6464 Lot #: N/A Microchip Sold Date: N/A</p>
6/22/2025 1:10:14 PM	Supervisor/Manager Notes	merged with A357964 //jkt

7/12/2024 4:51:41 PM	Adoption Notes	Called Finder to adopt Helena [REDACTED] and advised her that the dog was reclaimed.
		Called Dianne [REDACTED] "The number you are trying is not answering, please try later" No voicemail.
7/12/2024 8:00:25 AM	Ownership Notes	Called Rick [REDACTED] left a voicemail with information about the dog, and asking to please let Diane know the dog is here, to please call us. I left our phone number and hours of operation. Taking OFF ID Trace.
7/11/2024 4:21:03 PM	Ownership Notes	Called Dianne [REDACTED] message said, phone is not answering, try your call again. Sent OC Text. Called Dianne [REDACTED] message said, we're sorry the party you have dialed is not accepting calls at this time. Sent OC Text. Called Rick [REDACTED], message said, the subscriber you have dialed is not in service. Sent OC Text. Called Scappoose Veterinary Hospital 503-543-6464 but was unable to speak to an employee so I sent an email asking for any OC info they may have. Sent OC Letter to [REDACTED]
		-Microchip-Date Last Updated: 06/05/2020 Contacted 24PetWatch for [REDACTED] That chip is attached to the following pet: Pet Name: Toby Sex: Male Spayed/Neutered: Yes Pet Date of Birth: 05/01/2010
7/11/2024 3:49:25 PM	Ownership Notes	Owner information on Microchip Account PRIVACY FLAG ON THE ACCOUNT:(YES or NO)-NO Owner Name: Dianne [REDACTED] [REDACTED] Implant facility: Companion Pet Clinic Of Scappoose Phone Number: 503-543-6464 & trice@peoplepetsandvets.com Lot #: N/A Microchip Sold Date: N/A
7/11/2024 11:42:11 AM	Ownership Notes	Finder to adopt - Helena [REDACTED]
7/11/2024 11:40:46 AM	Ownership Notes	Possible O - [REDACTED] Finder stated poss ao contacted her and she felt uncomfortable and brought dog in.
6/5/2020 1:41:11 PM	Ownership Notes	Contacted 24PetWatch via chat to get chip info: [REDACTED] DOB: 2010/05/01 Sex: Male Altered: Yes Breed: Pomeranian Crossbreed Color: Black Name: Toby The registered owner we have on file does have a privacy flag on their information, so we just have to ask that this information stay confidential not be passed forward to any members of the public. Licensed professionals in animal welfare (i.e. you/your facility) are welcome to contact any and all parties.

Name: Dianne [REDACTED]



Implant Information

Lot number: 1011195765

Received: 10/25/2010 8:01:22 PM

Entered: 2010-07-12

Issued to: Companion Pet Clinic Of Scappoose

33555 E Columbia Ave Ste 117

Scappoose OR 97056

US Phone: 503-543-6464

Segment: Clinic

6/5/2020 1:34:56
PM

Ownership Notes

Rick [REDACTED] and Diane [REDACTED] called in saying this is their dog they are both on their way to pick up if Diane can't make it in she is giving the OK for Rick to pick up.

STAFF USE ONLY

Date Received: _____ Animal ID: 320255 Location: _____

Animal Description: (APRX Breed, Color, Sex): N/A pum

Identification Type: Microchip License Identification Tags ID Number: [REDACTED]

Stray Pet Profile

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

Finder Information

Name: Helena

Email: [REDACTED]

Can we contact you for further information regarding this animal?: Yes No

If available, are you interested in adopting this animal?*: Yes No

*Interest in adoption does not guarantee MCAS will proceed with an adoption of this pet.

Pet Information

Where did you find the pet(s)? Please list cross streets and/or business name:

Crown point highway - Lewis & Clark state park

How long did this pet remain in your care? Less than 24hrs Over 24hrs, less than 7 days Other: _____

How were you able to capture and/or contain this pet? EX: leashed up, caught in trap, picked up, etc.

picked up, very friendly and hot

Household Information

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

How was this pet when...?

Greeting Strangers

Playful Easy Going
 Shy Afraid Unsafe
 Other: calm & cuddly

Left Alone/Crate Training

I'm not sure No issues
 Could be better Poor
 Other: just relaxed

House/Litter Box Training

I'm not sure No issues
 Could be better Poor
 Other: pretty good!

Meeting New Dogs

Playful Easy Going Playful
 Shy Afraid Shy
 Unsafe Other: Very sweet Unsafe

Meeting New Cats

Easy Going
 Afraid
 Other: N/A

Please enter additional details or information here:

He is so sweet, calm, no issues. He enjoys being outside & walking slowly, was left for several hours alone w/out a crate and did a great job! Would be happy to foster him. Please keep me updated

More information on back page →

In your care, did this pet spend time with the following?

 Kids (Under 10)
 No, they did not live with kids
or

 Cats
 No, they did not live with cats
or

 Dogs
 No, they did not live with dogs
or

Yes, they lived with kids and most of the time they were....

Yes, they lived with cats and most of the time they were....

Yes, they lived with dogs and most of the time they were....

Playful Easy Going
 Shy Afraid Unsafe
 Other: _____

Playful Easy Going
 Shy Afraid Unsafe
 Other: _____

Playful Easy Going
 Shy Afraid Unsafe
 Other: _____

Please enter additional details or information here:

He was so sweet w/ my two small dogs, including a rambunctuous puppy!

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:

Signature and Acknowledgement of Finder	
<u> </u>	I understand that signing this form relinquishes all rights over to Animal Services.
<u> </u>	I understand that it is the sole discretion of Animal Services if said pet is adopted, transferred, or euthanized.
Print Name:	_____
Signature:	_____

Additional Staff Notes:



MCAS Dog Daily Monitoring Sheet

AID: 320255		NAME: Crumpet				KENNEL #: I37				INTAKE DATE: 7/11						
DATE: 7/12																
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Attitude	B															
Appetite	NA															
Drinking	+															
Urine	+															
Stool	+															
Vomit																
Coughing																
Nasal Discharge																
Eye Discharge																
Walk																
ACR SUBMITTED																
Notes:	Blind															
Readily approaches kennel front	+															
Playing																
Resting/Sleeping																
Relaxed body	+															
Occasional bark/Jumping																
Hesitant/slow approach																
Trembling																
Panting (excessive) or Drooling																
Avoiding eye contact																
Hiding																
Fence biting																
Repetitive Pacing																
Repetitive Spinning																
Repetitive Jumping																
Growling																
Lip curl/teeth bare																
Lunging																
ACR SUBMITTED																
INITIALS	[Signature]															
KEY	Stool Key S = Soft L = Liquid (no form) If none of the above (+/-)				Appetite Key A = All H = Half N = None				All other categories + = Present - = Not Present				See Monitor Sheet Guidelines for when AC requests are applicable.			

STAFF USE ONLY		
Date Received: <u>6/22</u>	Animal ID: <u>357904</u>	Shelter Location: _____
Animal Type: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____	Description: <u>pom +; male</u>	Weight: <u>14.6</u> #
Identification Type: <input checked="" type="checkbox"/> Microchip <input type="checkbox"/> License <input type="checkbox"/> Identification Tags <input type="checkbox"/> None		
ID Number: [REDACTED]		

Stray Pet Profile

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

Finder Information
Name: <u>Val</u> [REDACTED]
Email: [REDACTED]
If available, are you interested in adopting this animal?*: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<small>*Interest in adoption does not guarantee MCAS will proceed with an adoption of this pet.</small>

Pet Information
Where did you find the pet(s)? Please list cross streets and/or business name: <u>on the shore of the Columbia River across Gorman house</u>
How long did this pet remain in your care? <input checked="" type="checkbox"/> Less than 24hrs <input type="checkbox"/> Over 24hrs, less than 7 days <input type="checkbox"/> Other: _____
How were you able to capture and/or contain this pet? EX: leashed up, caught in trap, picked up, etc. <u>yes</u>
To your knowledge, has this pet bitten a person in the last ten days? <input checked="" type="checkbox"/> No, not to my knowledge <input type="checkbox"/> Yes, but no skin was broken <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Indoor only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor only <input type="checkbox"/> N/A		
How did this pet react when they were...?		
Greeting Strangers (or yourself) <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: _____	Left Alone/Crate Training <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: _____	House/Litter Box Training <input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Poor <input type="checkbox"/> Unsure <input type="checkbox"/> N/A Other: _____

More information on back page →

How did this pet react when they were...?

<i>Meeting New Dogs</i>			<i>Meeting New Cats</i>		
<input type="checkbox"/> Playful	<input checked="" type="checkbox"/> Easy Going	<input type="checkbox"/> Shy	<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	<input type="checkbox"/> Afraid	<input type="checkbox"/> Poorly	<input type="checkbox"/> N/A
Other: _____			Other: _____		

Please enter additional details or information here:
*Very sweet old man
 quiet. Loves being held. Great with people, peeping
 on couch.*

In your care, did this pet spend time with the following?

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

Please enter additional details or information here:

Signature and Acknowledgement of Finder

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

Print Name: Val _____

Signature: _____

Additional Staff Notes:





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



- Search
- New Dispatch
- Job
- Legal
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- Dispatch
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- Logout
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- Support
- Intranet

Contact Number:
503-988-7387

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 255349	
ID Number	255349
Entered By	[redacted] (6/22/2025)
Person Validated <input type="checkbox"/>	Date Validated <input type="text"/>
Flag Person To Delete <input type="checkbox"/>	Record Last Updated By [redacted] On 6/22/2025 11:39 AM

[Update Details](#)

Record Type: Person ▼

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

Name & Title			
Title	▼		Honorary Title
First Name	Valerie	Abc (h)	Last Name
Preferred Name	Abc	Nickname	Abc
Title 2	Abc	Suffix 2	Abc
Gender	▼	DOB	<input type="text"/>

Spouse / Partner Details

Address Details	
Physical Address <input type="checkbox"/>	Mailing Address <input type="checkbox"/> 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 [REDACTED]

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 type="checkbox"/> Surrender
<input type="checkbox"/> Staff	<input type="checkbox"/> Lost	<input type="checkbox"/> Found
<input type="checkbox"/> Equipment Loan/Hire	<input checked="" 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

5.02.5 (Bandicoot)

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Finalized Animal Control Issue Summary

Job Num: **254312**

Urgency: Priority 2 - Blue

Date: 5-Jun-2020, 8:24:00

Received: AM (08:24)

Officer Details: T [REDACTED] B [REDACTED]

Officer: District 1 - SW & NW
Region: Portland

Agency: Multnomah County

Animal Control Issue Codes

Stray Confined

[Hide / Show Caller Details](#)

Caller Details	
Person ID:	90097
Name:	DOVE LEWIS ANIMAL HOSPITAL (Contact: Dove Lewis)
Address:	1945 NW Pettygrove Street, DLNW, PORTLAND OR 97209
Phone:	Home: Mobile: Work:503 228 7281
Email Address:	doctor@dovelewis.org

Location Details							
Location:	1945 NW Pettygrove Street, DLNW PORTLAND OR 97209						
Location Notes:	THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET.						
3088 OTHER DISPATCH REQUESTS AT THIS ADDRESS Hide / Show							
ANIMALS LICENSED AT THIS ADDRESS Hide / Show							
Animal ID	Type Breed	Color	Dangerous Animal	Licensed To	Tag Number	Expiry Date	Task
[REDACTED]							

Animal Control Issue Details

Received By: C [REDACTED] E [REDACTED]
 Source: Public
 Potential Violence: Unknown
 Potential Violence Details: Verbally Abusive: Unknown
 Other Comments / Notes:

Jun 5 2020 8:26AM Pomeranian for pick up
 Jun 5 2020 10:29AM picked up, transported to shelter

Complainant Observed Animals: No Commercial Livestock: No
 Test 2

Inspection / Follow-up Notes

Animal Control Issue Completion Details

Afterhours No

Animal ID	Class	Type	Breed	Shelter Tag	ACO Record #
320255	Domestic	Dog	Pomeranian		

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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)
320255	Toby	Dog	Pomeranian	Yes		Red
Color(2)	Gender	Spayed / Neutered	Age	MCID Tag	Other Identification	Primary Microchip #
	Male	Yes	12 Years 11 Months 1 Week (approx)			

Veterinary Clinic Software Record #:

Weight: 14 lbs 6 oz

Date of Weighing: 6/22/2025

Intake

Date: 22-Jun-2025

Weight: 14.375 lbs

Attitude	<input checked="" type="checkbox"/> Normal	BAR
Ears	<input checked="" type="checkbox"/> Abnormal	Unable to examine L ear - painful, R ear was minimal - mild debris
Eyes	<input checked="" type="checkbox"/> Abnormal	L eye cloudy, R eye appears to have cataract and seems to have limited vision
Nose	<input checked="" type="checkbox"/> Normal	Clean and clear
Mouth/teeth/gums	<input checked="" type="checkbox"/> Abnormal	Missing upper pre-molars, lower teeth have severe tartar/ staining, halitosis
Heart	<input checked="" type="checkbox"/> N/A	
Coat & Skin	<input checked="" type="checkbox"/> Normal	Severe mats, largest on L rib region and chest. Otherwise appeared normal, no fleas seen
Urogenital	<input checked="" type="checkbox"/> Normal	Neutered male
Mobility/musculoskeletal	<input checked="" type="checkbox"/> Normal	Various lumps and bumps - AH examined.

Result:**Comments:** Intake Behavior Observations:

1. Microchip Scan Y/N: Pos
2. Offer Tasty Food: Positive
3. Overall Body Posture: Loose
4. Face: Wrinkled brow
5. Tail: Level
6. Ears: Forward
7. Eyes: Relaxed shape, soft gaze
8. Mouth: Panting
9. Vocalizing: Quiet
10. Fear-Anxiety-Stress(FAS) Observed Intake: Low
11. Other Behavior Observations: Allowed most handling and treatments. ACR to AH for multiple reason. Rec. rescue/ transfer path if not RTO

Intake

Date: 11-Jul-2024

Weight: 15 lbs

Attitude	<input checked="" type="checkbox"/> Normal	QAR.
Ears	<input checked="" type="checkbox"/> Normal	Heavy debris. Suspect dog is deaf, no reaction to loud clap by head.
Eyes	<input checked="" type="checkbox"/> Abnormal	Ocular staining and minor discharge. Left eye is completely opaque and right eye is heavily opaque as well. Visually impaired.
Nose	<input checked="" type="checkbox"/> Abnormal	Clear.
Mouth/teeth/gums	<input checked="" type="checkbox"/> Abnormal	Heavy staining, tartar, and gingivitis. Halitosis.
Heart	<input checked="" type="checkbox"/> N/A	Unable to hear over heavy panting, suspected heart murmur.
Coat & Skin	<input checked="" type="checkbox"/> Abnormal	Coat is matted throughout hind end and under belly. Very long nails.
Urogenital	<input checked="" type="checkbox"/> Abnormal	No testicles seen.

Mobility/musculoskeletal  Abnormal WNL.

Result: Abnormal

Comments: Admission Behavior Observations:

1. Microchip Scan (Positive/Negative/Unable): Positive scan.
2. Offer Tasty Food: No interest in food offered.
3. Overall Body Posture: Upright, loose.
4. Face: Soft skin.
5. Tail: Neutral.
6. Ears: Forward.
7. Eyes: Soft gaze.
8. Mouth: Open, panting.
9. Vocalizing: Quiet.
10. Fear-Anxiety-Stress(FAS) Observed Intake: Low FAS.
11. Other Behavior Observations: Walked well on leash, entered admissions room calm and confident. Bumped into admissions door while examining room, suspect visually impaired. Dog did not react to loud clap by head, suspect dog is deaf. Easy to handle for treatments/vaccines and for physical exam. Not cleared for adoption due to health concerns found during intake exam.

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
6/5/2020	Bordetella (Intra-Trac 3) 1ml Intranasal				
6/5/2020	DA2PP Puppy Injectable 1ml SQ				
7/31/2020	Rabies Vaccination 1ml SQ		SQ		Parkrose
7/11/2024	Worming - Pyrantel Pamoate (Strongid)				
7/11/2024	Flea Treatment- Effipro (Fipronil)				
7/11/2024	DA2PP 1 year Injectable 1ml SQ				
7/11/2024	Bordetella (Intra-Trac 3) 1ml Intranasal				

6/22/2025	Worming - Pyrantel Pamoate (Strongid)			
6/22/2025	Fipronil (Effipro) Topical - 0.67ml			

Vet Treatments Due

Date Due	Vet Treatment Type
7/31/2021	Rabies Vaccination 1ml SQ
7/6/2025	Worming - Pyrantel Pamoate (Strongid)
7/11/2025	Bordetella (Intra-Trac 3) 1ml Intranasal
7/11/2025	DA2PP 1 year Injectable 1ml SQ
7/20/2025	Fipronil (Effipro) Topical - 0.67ml

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.

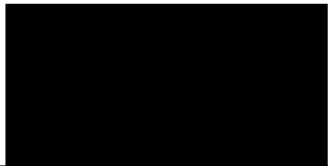
Vet Consultations

Date	Reasons	Diagnosis	Vet Notes	Vet	Date Resolved
No consultations					

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
15 lbs	6/5/2020	6/5/2020	
15 lbs	7/11/2024	7/11/2024	
14 lbs 6 oz	6/22/2025	6/22/2025	

Vet Notes History

No notes entered
