

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

Multnomah County
Kennel Card

Ichabod (mcas)



Multnomah
County
Animal Services

Animal ID: 370606
Shelter Tag:
Status: Euthanized



Current Location: - #

Type: Dog

Date In Shelter: 10/3/2025

Date Available:

Primary MicroChip: No microchip number

Breed: Belgian Malinois Mix

Primary Color: Black

Secondary Color:

Sex: Male

Age:

Weight: 58.3125 lbs

Media Animal:

Distinguishing Features / Markings:White chest

Adoption Summary:

Vet Treatment Type

Date Given

Vet Treatment Due

Date Due

Status History

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

New Status (statusHistory.asp? animalid=370606&orderby=newStatus)	Status Date (statusHistory.asp? animalid=370606&orderby=statusDate)	User (statusHistory.asp? animalid=370606&orderby=U.firstname)	Animal Type (statusHistory.asp? animalid=370606&orderby=animalType)	Animal Type (statusHistory.asp? animalid=370606&orderby=animalType)
Euthanized	10-Oct-2025 13:45		Dog	Shelte
Awaiting Euthanasia	9-Oct-2025 10:24		Dog	Shelte
Hold	7-Oct-2025 14:14		Dog	Shelte
Stray Hold	3-Oct-2025 12:05		Dog	Shelte

Loading form, links will show when loading is finished...

Close Window Show/Hide User Print Advanced Print

Existing General Animal Notes

Animal ID: 370606
 Type: Dog
 Breed: Belgian Malinois
 Name: Ichabod (mcas)

Entry Date/Time	Category	Notes
10/10/2025 1:45:20 PM	Euthanasia Notes	C.E.T Euthanasia Process Final scan for microchip: Y SP Bottle #: SP#4 SP Amount: 9ml SP Route: 9ml IV Sedative/Analgesic Type/Amount/Route: Acepromazine 500mg PO Gabapentin 2100mg PO Sileo Gel 9 dots PO TTDex 0.7ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y
10/9/2025 2:09:11 PM	Supervisor/Manager Notes	Euthanasia Sign Off - Supervisor/Manager Microchip scan has been completed (Y/N): chill protocol 10/9 ID Trace/Owner contact has been completed (Y/N/NA): NA 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
10/9/2025 10:25:55 AM	Rounds Review	Rounds discussed and will move to humane euthanasia due to aggressive behaviors and inability to handle in shelter environment. Chill protocol today for chip scan.
10/8/2025 5:14:28 PM	Behavior Notes	Data Collection: Dog was closed inside for poop scoop, standing near door on my approach. I slowly approached kennel, offering a treat. He shrank backward an inch, low growling, then gave a rapid four barks showing teeth. He then retreated with tail tucked, ears back. I tossed treats, and he hesitantly moved towards me to eat. Some lip quivering as he neared door. Would take treats from hand, then give small lip lifts and retreat. After treating for a minute I poked my leash through kennel front. He sniffed it for several seconds, and continued to take treats next to it. He retreated to back of kennel when I opened door. Would move forward a foot or two for treats, but kept distance with door open, no vocalizing. Perked ears and tilted head when I used squeaker. Approached to sniff the squeaker through closed door. I tossed toy in to him and he readily sniffed it with perked ears. I moved to the outside of kennel, he would come just past threshold for treats, but would not approach outside door.
10/7/2025 4:07:30 PM	Behavior Notes	Data Collection: Ichabod was standing near the kennel door as I approached from inside. I crouched down talking sweetly and he let out one bark, followed by a series of low growls. I dopped some hot dogs into his kennel, which he readily ate. I also offered some by hand, but he would not approach to take them from me. I went to the outside run, crouched down, and tossed a trail of treats, but he remained inside. I then went back inside, but he had gone to the outside run, so I closed the dividing door and went back outside. When I came to the kennel he was sitting pressed up against the dividing door. I tossed some hot dogs, which he would eat if they landed close enough to him. The dogs around him were barking quite loudly and I could tell it was causing him stress, looking around frantically and cowering low to the ground when several dogs were barking at once. I decided to close them all inside. I then opened his kennel door wide and crouched inside the entrance. He remained against the

dividing door, letting out low growls if I moved closer to him. I tried using excited baby talk to ask if he wanted to go for a walk and his ears perked up, but he would not approach. I laid my slip lead out on the ground and backed myself out of the kennel. He readily stood up and came forward to sniff my lead, and would come closer to the door if I dragged it along the ground. However, when I picked it up off the ground he let out another growl while giving a slight lip lift with front teeth showing. He then went back to the dividing door and began crawling/pressing himself into it. I did not want to stress him out further, so ended our interaction for today.

10/5/2025 4:26:25 PM	Animal Care Notes	<p>Admission Exam Attempt #: 3 Microchip Scan (Positive/Negative/Unable): Unable Weight (lbs): ~65 Observations During Interaction: I approached the dog from front of kennel and he moved from inside to standing under guillotine threshold facing towards me with tense face and body, hard stare while repeatedly barking. I tossed in some cheese and hotdogs and he would stretch forward to eat the ones closest to him but disregarded the ones that were close to me at front of kennel. I closed the guillotine door to keep dog to outside of kennel and went around to the back of kennel. He remained tense in face and body with tail tucked. As I tossed treats into the kennel, he remained plastered against the wall and not interested in eating them and would repeatedly bark at me with any movement I made or any sounds nearby. I opted to raise his guillotine door but close in noisy neighbor dogs before returning to the back of Ichabod's kennel. With the guillotine raised, he moved to front of kennel while I opened the back kennel door and tossed treats in. He returned to eating treats (favoring hotdogs) and gradually started eating ones that were closest to me with limited barking initially but then gave periodic barks if I moved. Opted not to push further and did not feel comfortable being able to get dog out of kennel. Data Collection Task Entered: Yes ACR for Behavior Meds: Yes Rounds Task Entered: Yes</p>
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10/5/2025 12:57:52 PM	Behavior Notes	<p>Re-started data collection for 10/6-8, as there have been no enrichment Tech 2s on staff over weekend. Rounds follow up 10/9.</p>
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10/4/2025 12:10:52 PM	Animal Care Notes	<p>Admission Exam Attempt #: 2 Microchip Scan (Positive/Negative/Unable): Unable Weight (lbs): ~65 Observations During Interaction: Dog was in outside portion of kennel, stuck his head in and barked with a hard stare as I walked by. He ran in and I was able to close the guillotine and close him inside. He came to the front of the kennel, was barking with a hard stare and tense, forward stance, teeth bared, and began urinating. Did not engage any further. Data Collection Task Entered: Yes ACR for Behavior Meds: Yes Rounds Task Entered: Yes</p>
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10/3/2025 5:28:41 PM	Animal Care Notes	<p>Admission Exam Attempt #: 1 Microchip Scan (Positive/Negative/Unable): Unable Weight (lbs): ~70 Observations During Interaction: Approached kennel front initially and dog remained outside. A few minutes later I came by and dog was laying on bed. I began to sweet talk and dog instantly bared teeth and began growling. Dog remained tense, hard stare, tail tucked with paw lifted and continued growling. Any time I moved my hand dog would bare teeth again and continue to growl and bark. Ended interaction as high FAS and safety concern. Data Collection Task Entered: Yes ACR for Behavior Meds: Yes Rounds Task Entered: Yes</p>
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10/3/2025 1:34:28 PM	Animal Care Notes	<p>Kenneling I assisted kenneling animal while Admissions was working with another dog. I approached Intake Gate and observed a client holding a medium shepherd looking dog on a flexi-leash. The client began pulling the dog back before it noticed me, I opened the gate and allowed them to follow me in. I began offering cheese which the dog did not take. The dog then began lunging barking and lip lifting at the end of the leash. The client was visible struggling to hold dog away from me so I did not attempt to approach or handle. Had the client kennel the dog. I returned to kennel with toys, dog was sitting in back of kennel watching without moving.</p>
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STAFF USE ONLY

Date Received: 10/3/25 Animal ID: 370606 Shelter Location: 1-30

Animal Type: Dog Cat Other: _____ Description: (APRX Breed, Color, Sex):

Identification Type: Microchip License Identification Tags None ID

Number: _____

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: Lester

Email: _____

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:

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.

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 N/A

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

Greeting Strangers (or yourself)	Left Alone/Crate Training	House/Litter Box Training
<input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input checked="" type="checkbox"/> Shy	<input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input checked="" type="checkbox"/> Shy	<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 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	<input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____
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How did this pet react when they were...?

<i>Meeting New Dogs</i> <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	<i>Meeting New Cats</i> <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____
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Please enter additional details or information here:

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

<i>Kids (Under 10)</i> <input type="checkbox"/> No, they did not live with kids <i>or</i> <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Other: _____	<i>Cats</i> <input checked="" type="checkbox"/> No, they did not live with cats <i>or</i> <input type="checkbox"/> 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 type="checkbox"/> Not Good <input type="checkbox"/> Other: _____	<i>Dogs</i> <input type="checkbox"/> No, they did not live with dogs <i>or</i> <input checked="" type="checkbox"/> Yes, they lived with dogs 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 <input type="checkbox"/> Other: _____
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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: _____

Signature: _____

Additional Staff Notes:



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



- Search
- New Dispatch
- Job
- Legal
- Proceedings
- Dispatch
- Search
- Dispatch
- Summary
- Boarding
- Virtual Shelter
- Reports
- Receipts
- Fundraising
- Doc. Library
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- Scheduling
- Data Import
- Administration
- Logout
- View Dispatch
- Jobs
- Support
- Intranet

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 263191	
ID Number	263191
Entered By	[Redacted] (10/3/2025)
Person Validated <input type="checkbox"/>	Date Validated <input type="text"/>
Flag Person To Delete <input type="checkbox"/>	Record Last Updated By [Redacted] On 10/3/2025 12:06 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																														
<div style="border: 1px solid #ccc; padding: 5px;"> <p>Name & Title</p> <table> <tr> <td>Title</td><td><input type="text"/></td> <td>Honorary Title</td><td><input type="text"/></td> <td>Suffix</td><td><input type="text"/></td> </tr> <tr> <td>First Name</td><td>Lester <input type="text"/></td> <td>Last Name</td><td>[Redacted] <input type="text"/></td> <td>Middle Name</td><td><input type="text"/></td> </tr> <tr> <td>Preferred Name</td><td><input type="text"/></td> <td>Nickname</td><td><input type="text"/></td> <td></td><td></td> </tr> <tr> <td>Title 2</td><td><input type="text"/></td> <td>Suffix 2</td><td><input type="text"/></td> <td></td><td></td> </tr> <tr> <td>Gender</td><td><input type="text"/></td> <td>DOB</td><td><input type="text"/></td> <td></td><td></td> </tr> </table> </div>							Title	<input type="text"/>	Honorary Title	<input type="text"/>	Suffix	<input type="text"/>	First Name	Lester <input type="text"/>	Last Name	[Redacted] <input type="text"/>	Middle Name	<input type="text"/>	Preferred Name	<input type="text"/>	Nickname	<input type="text"/>			Title 2	<input type="text"/>	Suffix 2	<input type="text"/>			Gender	<input type="text"/>	DOB	<input type="text"/>		
Title	<input type="text"/>	Honorary Title	<input type="text"/>	Suffix	<input type="text"/>																															
First Name	Lester <input type="text"/>	Last Name	[Redacted] <input type="text"/>	Middle Name	<input type="text"/>																															
Preferred Name	<input type="text"/>	Nickname	<input type="text"/>																																	
Title 2	<input type="text"/>	Suffix 2	<input type="text"/>																																	
Gender	<input type="text"/>	DOB	<input type="text"/>																																	
<div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>Spouse / Partner Details</p> </div>																																				
<div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p>Address Details</p> <table> <tr> <td>Physical Address <input type="text"/></td> <td>Mailing Address <input type="text"/></td> <td><input type="checkbox"/> Copy Physical Address</td> </tr> </table> </div>							Physical Address <input type="text"/>	Mailing Address <input type="text"/>	<input type="checkbox"/> Copy Physical Address																											
Physical Address <input type="text"/>	Mailing Address <input type="text"/>	<input type="checkbox"/> Copy Physical Address																																		

Contact Details ⊕

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 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

<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

5.10.1 (Puggle)



You are logged in as: [redacted] (Shelter)

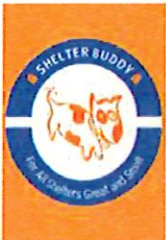
User Settings
Switch Location



- Search
- New Dispatch Job
- Legal Proceedings
- Dispatch Search
- Dispatch Summary
- Boarding
- Virtual Shelter
- Reports
- Receipts
- Fundraising
- Doc. Library
- Useful Links
- Scheduling
- Data Import
- Administration
- Logout

- View Dispatch Jobs
- Support
- Intranet

Contact Number
503-988-7387



Edit Animals Details

Animal ID: 370606
 Name: Ichabod (mcas)
 Age:
 Breed: Belgian Malinois
 Entered By: [redacted] on 10/3/2025
 Flag Animal To Delete:

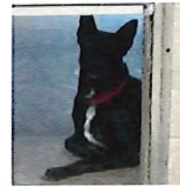


Photo / Document Manager

Update Details

Identification Details

Source (H)

Status (H)

Sub-Status:

Other Identification (eg. tattoo):

Emergency Clinic Ref Number:

Emergency Boarding Reason (H):

Shelter Tag / Band Number (H):

Tag / Band Color:

Rabies Tag No.:

Microchip Brand:

Implanter Name:

Microchip Registered With:

ID / Microchip Checked?

Breeder / Shelter Registration # (H):

Bar Code Number:

Go to Person Record

Status Date: 10/10/2025 01:45 PM

ACO Record # (H):

Case Number (H):

MCID Tag (H):

MCID Tag Size: --Select--

Rabies Tag Valid Until:

Microchip Number:

Implanter Date:

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) Ichabod (mcas) Abc

Age: W Weeks M Months Y Years

Is this an approximate Age?

DOB:

Date of Weighing: 10/10/2025

Age Group:

Weight (H) 58 5 lbs, oz

Class: Domestic

Type: Dog Change

Feral: Unknown

Breed/Species: Belgian Malinois

Mixed Breed: Mixed

Secondary Breed/Species:

Circumstance: Stray (No ID)

Spayed / Neutered: Unknown Previously Spayed / Neutered?

Gender: Male

Primary Color: Black

Animal Received (H):

Declawed?

Size:

- Animal Menu
- 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 [10])
- 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
- Waiver / Indemnity

Secondary Color

Distinguishing Features / Markings **White chest**

Coat Type

Coat Length

Ear Type

Collar Type

Cause Of Affliction (H)

Injury **Body injury**
Brain damage
Broken air sacs
Concussion/Stunned

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

Eye Color

Collar Description

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**

- 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
- Microchip Consent Form
- Re-microchip Form

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

Status Details

Adoption Amount: \$

Available For Adoption Date

OR

Due Out In (days):

Due Date Out (H) **10/7/2025**

Date Found **10/3/2025**

Date Lost

Physical Location:

Shelter Location: (H)

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

Date In Shelter **10/3/2025**

Time In Shelter **12:05 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

City: **PORTLAND**

Zip Code: **97220**

State: **Oregon**

Jurisdiction: **Multnomah County**

Country: **United States**

Characters left: 72

Landmarks

Latitude

Longitude

 Special Needs

 Stray

General Details

Surrendered Reason

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:

Drug Link

Adoption Notes

General Notes

Ownership Notes:

Foster Parent Notes:

No Euthanasia Contact:

Euthanasia authorized by:

Receipts

Receipt #
354608 -
Stray, \$0.00,
10/3/2025
(Debit Card)
Email

- No Euthanasia Details 
- Insurance Details 
- Wildlife Details 

Update Details

Record Last Updated By: [redacted] On 10/10/2025 1:46:07 PM

For all creatures great and small



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)
370606	Ichabod (mcas)	Dog	Belgian Malinois	Yes		Black
Color(2)	Gender	Spayed / Neutered	Age	MCID Tag	Other Identification	Primary Microchip #
	Male	Unknown				

Veterinary Clinic Software Record #:

Weight: 58 lbs 5 oz

Date of Weighing: 10/10/2025

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
No Vet Treatments administered to this animal.					

Vet Treatments Due

Date Due	Vet Treatment Type

Medications



Medication	Amount Dispensed	Route of Administration	Frequency	Date From	Date To	Vet Name	Reason	Notes	Instructions

Trazodone 100 mg	42 tablets	PO	1.5 PO, 2 times every 1 day(s)	4- Oct- 2025	18- Oct- 2025		1.5 tab PO BID	Give 1.5 tablets by mouth every 12 hours for fear, anxiety, stress. Exp 3/16/26 AMH
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Drug Usage

No drugs administered to this animal.


Vet Consultations

Date	Reasons	Diagnosis	Vet Notes	Vet	Date Resolved
10- Oct- 2025	Euthanasia		Cvt Notes: 1:45 PM C.E.T Euthanasia Process Final scan for microchip: Y SP Bottle #: SP#4 SP Amount: 9ml SP Route: 9ml IV Sedative/Analgesic Type/Amount/Route: Acepromazine 500mg PO Gabapentin 2100mg PO Sileo Gel 9 dots PO TTDex 0.7ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y	C P  CVT	
4-Oct- 2025	Medical Update		Vet Asst. Notes: 12:15 PM Animal Care Request (ACR) ACR Notes: High FAS-safety concern Assessment: Walked by kennel and dog was outside on the other side of the guillotine door. Immediately began growling, hackles up, tense body and growling. Maintained tense posture and barking as long as I within line of sight Medications: Trazodone 150mg Plan: 14d FAS recheck	A L 	

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
58 lbs 5 oz	10/10/2025	10/10/2025	

Vet Notes History

No notes entered