

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

Multnomah County
Kennel Card

Angel Baby



Agency: Multnomah County

Animal ID: 384027

Shelter Tag:

Status: Euthanized



Current Location: - #

Type: Dog

Date In Shelter: 2/6/2026

Date Available:

Primary MicroChip: No microchip number

Breed: Maltese Mix

Primary Color: White

Secondary Color:

Sex: Female

Age: 10 Years (approx)

Weight: 4.1875 lbs

Media Animal:

Distinguishing Features / Markings:

Adoption Summary:

| Vet Treatment Type | Date Given |
|--|------------|
| Pyrantel Pamoate (Strongid) Oral - 1ml | 2/6/2026 |
| Fipronil (Effipro) Topical - 0.67ml | 2/6/2026 |
| DA2PP 1 year Injectable 1ml SQ | 2/6/2026 |
| Bordetella (Intra-Trac 3) 1ml Intranasal | 2/6/2026 |

| Vet Treatment Due | Date Due |
|--|-----------|
| Bordetella (Intra-Trac 3) 1ml Intranasal | 2/6/2027 |
| DA2PP 1 year Injectable 1ml SQ | 2/6/2027 |
| Fipronil (Effipro) Topical - 0.67ml | 3/6/2026 |
| Pyrantel Pamoate (Strongid) Oral - 1ml | 2/20/2026 |

Status History

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

| New Status (statusHistory.asp?animalid=384027&orderby=newStatus) | Status Date (statusHistory.asp?animalid=384027&orderby=statusDate) | User (statusHistory.asp?animalid=384027&orderby=U.firstname) | Animal Type (statusHistory.asp?animalid=384027&orderby=animalType) | anim |
|--|--|--|--|--------|
| Euthanized | 8-Feb-2026 17:21 | Clarissa Payton | Dog | Shelte |
| Stray Hold | 6-Feb-2026 9:21 | Colleen Eder | 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: 384027
Type: Dog
Breed: Maltese
Name: Angel Baby

| Entry Date/Time | Category | Notes |
|----------------------|------------------|---|
| 2/8/2026 5:20:33 PM | Euthanasia Notes | C.E.T Euthanasia Process - Prior to Stray Hold Supervisor/Veterinarian notes have been entered (Y/N): Y Microchip scan has been completed (Y/N): Y ID Trace/Owner contact has been completed (Y/N/NA): Y Evaluation category has been entered (Y/N): Y Euthanasia reason has been entered (Y/N): Y Due out date is correct (Y/N): Y SP Bottle #: SP#8 SP Amount: SP 1.5ml SP Route: SP 1.5ml IV Sedative/Analgesic Type/Amount/Route: TTDex 0.1ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y |
| 2/7/2026 11:20:47 AM | Rounds Review | Rounds met and elects humane euthanasia due to declining medical and QOL. If the dog's condition continues to decline, we have approval to move forward with euthanasia at that time. Follow up 2/09. |
| 2/6/2026 9:33:19 AM | A.C.O. Notes | 384027 and 384028 were found together [REDACTED] |

[Return to Dispatch Details](#) [Go to Main Search Page](#) [Print Form](#) [Email Report](#)

Finalized Animal Control Issue Summary

Job Num: **305842**

Urgency: Priority 2 - Blue

Officer Details: Colleen Eder

Assisting Officer Details: Sophia Condon Allen

Date Received: 5-Feb-2026, 5:16:00 PM (17:16)
Officer Region: District 2A - NE, 15th West to Willamette River

Agency: Multnomah County

Animal Control Issue Codes

Possibly Abandoned

[Hide / Show Caller Details](#)

| | |
|-----------------------|------------------|
| Caller Details | |
| Person ID: | 271702 |
| Name: | Stacy [REDACTED] |
| Address: | [REDACTED] |
| Phone: | [REDACTED] |
| Email Address: | [REDACTED] |

| | |
|---|------------|
| Location Details | |
| Location: | [REDACTED] |
| Location Notes: | [REDACTED] |
| THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET. | |
| 0 OTHER DISPATCH REQUESTS AT THIS ADDRESS Hide / Show | |
| ANIMALS LICENSED AT THIS ADDRESS Hide / Show | |
| No animals licensed at this address | |

Animal Control Issue Details

Received By: David Kirkpatrick
Source: Public
Potential Violence: Unknown Verbally Abusive: Unknown
Potential Violence Details:
Other Comments / Notes:

- Feb 5 2026 5:17PM Hello, Caller calling from [REDACTED] witnessed a person abandon 2 small dogs at Mccoy park. Did not collect plate number. She didn't want them to get hurt so she took them home but she is allergic and cannot keep them. I gave her your number to call. She was concerned about not being able to reach somebody today so I offered to send her number over. Veronica Humane Law Enforcement Oregon Humane Society (503) 802-6707
- Feb 6 2026 9:20AM Finder, Stacy stated that she saw someone in a grey SUV drive up to the park and place a tote on the ground and drive off. NO plate no make/model. Inside the tote was two small senior dogs. One white Maltese with a growth on its mouth and one tan teacup chihuahua. NO chip on either dog. transported to shelter

Feb 6 Note: Both dogs may of belonged to the PR.
2026
9:34AM

Feb 6 ACO Condon transported to MCAS
2026
9:38AM

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 # |
|-----------|----------|------|-----------|-------------|--------------|
| 384027 | Domestic | Dog | Maltese | | |
| 384028 | Domestic | Dog | Chihuahua | | |



You are logged in as: Nicole Hagen (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
- VolunteerBuddy
- Data Import
- Administration
- Logout
- View Dispatch Jobs
- Support
- Intranet

Contact Number
503-988-7387



Edit Animals Details

Animal ID: 384027
 Name: Angel Baby
 Age: 10 Years (approx)
 Breed: Maltese
 Entered By: Colleen Eder on 2/6/2026
 Flag Animal To Delete:



Photo / Document Manager

Update Details

Identification Details

Source (H) **ACO - Impound**

Status (H) **Euthanized**

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:

Go to Person Record

Status Date: 2/8/2026 05 21 PM

ACO Record # (H):

Case Number (H):

MCID Tag (H):

MCID Tag Size: **--Select--**

Rabies Tag Valid Until:

Microchip Number:

Implanter Date:

Previously Microchipped?

Old Database Number:

Current License Details (history)

This animal has no license details.

License Details Found on Animal

Dangerous Animal: (H)

Has Animal Bitten?

Identification Confirmation Details & Multiple Microchip Numbers Info

Animal Details

Is This A Cruelty Case Animal?

Animal Name (H) **Angel Baby** Abc

Age: **W Weeks** **M Months** **Y 10**

Is this an approximate Age?

DOB: 2/6/2016

Date of Weighing: 2/6/2026

Age Group: **Senior**

Weight: (H) 4 3 lbs, oz

Class: Domestic

Type: Dog Change

Feral: **Unknown**

Breed/Species: **Maltese**

Mixed Breed: **Mixed**

Secondary Breed/Species:

Circumstance: **Stray (No ID)**

Animal Received: (H)

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

Declawed?

Gender: **Female**

Size: **Small**

Primary Color: **White**

- 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 [3])
- 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

Coat Type: **Curly**

Coat Length: **Short**

Ear Type: **Folded**

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: **Full**

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** 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: \$ OR

Available For Adoption Date:

Due Out In (days):

Due Date Out (H): **2/10/2026**

Date Found: **2/6/2026**

Date Lost:

Physical Location:

Shelter Location: (H)

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

Date In Shelter: **2/6/2026**

Time In Shelter: **09 : 21 AM** **Use current time**

Return Reason (H):

Other Return Reason:

Transfer Due:

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:

Zip Code:

State: **Oregon**

Jurisdiction: **Multnomah County**

Country: **United States**

Characters left: 83

Find City

Find Zip Code

Landmarks

Latitude

Longitude

-  Special Needs
-  Stray

General Details

Surrendered Reason

Euthanasia Reason: DMUU-2

Other Euthanasia Reason

Secondary Euthanasia Reason

No Euthanasia

Euthanasia Type:

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:

No Euthanasia Details



Insurance Details



Wildlife Details



Humane Officer Details

Job # (H): 305842 Humane Officer Assigned To: Colleen Eder

[Update Details](#)

Record Last Updated By: Dalynn Torres On 2/17/2026 10:22:25 AM

For all creatures great and small



**Multnomah
County
Animal Services**

Medical History Report

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

| Animal ID | Name | Type | Breed | Mixed | Secondary Breed | Color(1) |
|-----------|------------|-------------------|-------------------|----------|----------------------|---------------------|
| 384027 | Angel Baby | Dog | Maltese | Yes | | White |
| Color(2) | Gender | Spayed / Neutered | Age | MCID Tag | Other Identification | Primary Microchip # |
| | Female | No | 10 Years (approx) | | | |

Veterinary Clinic Software Record #:
Incoming Agency: Multnomah County

Weight: 4 lbs 3 oz
Date of Weighing: 2/6/2026

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 |
|-------------------|---|--------------|-------------------------|------------------|------------------------------|
| 2/6/2026 | Pyrantel Pamoate (Strongid) Oral - 1ml | | | | |
| 2/6/2026 | Fipronil (Effipro) Topical - 0.67ml | | | | |
| 2/6/2026 | DA2PP 1 year Injectable 1ml SQ | | | | |
| 2/6/2026 | Bordetella (Intra-Trac 3) 1ml Intranasal | | | | |

Vet Treatments Due

| Date Due | Vet Treatment Type |
|----------|--------------------|
|----------|--------------------|

| | |
|-----------|--|
| 2/20/2026 | Pyrantel Pamoate (Strongid) Oral - 1ml |
| 3/6/2026 | Fipronil (Effipro) Topical - 0.67ml |
| 2/6/2027 | Bordetella (Intra-Trac 3) 1ml Intranasal |
| 2/6/2027 | DA2PP 1 year Injectable 1ml SQ |

Medications

| Medication | Amount Dispensed | Route of Administration | Frequency | Date From | Date To | Vet Name | Reason | Notes | Instructions |
|--|------------------|-------------------------|--|------------|-------------|---------------------|--------|-------|--------------|
| Buprenorphine Injectable 0.3 mg/ml | 1.5 | SQ | 0.15ml SC BID SQ, 2 times every 1 day(s) | 6-Feb-2026 | 10-Feb-2026 | Amber Fischbach DVM | | | |
| Cerenia (Maropitant) Injectable 10 mg/ml | 0.57 | SQ | 0.19ml SC SID SQ every 1 day(s) | 7-Feb-2026 | 9-Feb-2026 | Amber Fischbach DVM | | | |

Drug Usage

| |
|---------------------------------------|
| No drugs administered to this animal. |
|---------------------------------------|

Vet Consultations

| Date | Reasons | Diagnosis | Vet Notes | Vet | Date Resolved |
|------------|----------------|-----------|---|---------------------|---------------|
| 8-Feb-2026 | Euthanasia | | <p>Cvt Notes: 5:20 PM</p> <p>C.E.T Euthanasia Process - Prior to Stray Hold Supervisor/Veterinarian notes have been entered (Y/N): Y Microchip scan has been completed (Y/N): Y ID Trace/Owner contact has been completed (Y/N/NA): Y Evaluation category has been entered (Y/N): Y Euthanasia reason has been entered (Y/N): Y Due out date is correct (Y/N): Y SP Bottle #: SP#8 SP Amount: SP 1.5ml SP Route: SP 1.5ml IV Sedative/Analgesic Type/Amount/Route: TTDex 0.1ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y</p> | Clarissa Payton CVT | |
| 8-Feb-2026 | Medical Update | | <p>Cvt Notes: 4:59 PM</p> <p>"recheck appetite; if still not eating today, recommend humane euthanasia prior to end of hold; please check w/ manager on site and call AF if needed" Dog continues to not attempt to eat and is fighting against all handling for medications. Proceeding with humane euthanasia due to QOL and current suffering.</p> | Clarissa Payton CVT | |
| 7-Feb-2026 | Medical Update | | <p>Vet Notes: 7:13 PM</p> <p>Pt has not eaten in past 24 hours despite buprenorphine. Adding Cerenia for possible nausea/abdominal pain.</p> <p>Cerenia 10mg/ml, 0.19ml SC SID</p> | Amber Fischbach DVM | |

| | | | | |
|------------|-------------|---|---------------------|--|
| | | AFischbach | | |
| 6-Feb-2026 | Health Exam | <p>Cvt Notes: 4:03 PM</p> <p>Admission Behavior Observations: 9. Fear-Anxiety-Stress(FAS) Observed Intake: Low 10. Other Behavior Observations: Allowed all handling for exam and treatments, had difficulty with injectable vaccine.</p> <p>History/reason for exam: ACO transport from field</p> <p>Microchip Scan (Positive/Negative/Unable): Negative BCS: 2/9 very underweight MM/CRT: pale pink, moist, CRT < 2 seconds Attitude: QAR Temperature: not taken Eyes: Clean but cloudy OU Ears: clear Nose: clear Oral: See DVM notes, no observable teeth, estimate age at 10+ years. Heart and Lungs: See DVM notes Musculoskeletal: very thin frame with muscle wasting Ambulation: ambulatory x 4 limbs Coat and Skin: Thin coat, no live fleas present Urogenital: Female, See DVM notes about mammary masses, no spay scar or tattoo present, presume intact Lymph nodes: DNE</p> <p>A: Multiple severe medical issues. See DVM exam notes</p> <p>P: DVM notes for medications and pathway plan</p> <p>Medically Cleared? (Yes/No): NO</p> | Clarissa Payton CVT | |
| 6-Feb-2026 | Vet Exam | <p>Vet Notes: 3:23 PM</p> <p>History/reason for exam: geriatric stray brought in by ACO</p> <p>Microchip Scan (Positive/Negative/Unable): Negative BCS: 1/9 MM/CRT: pink, UTE CRT due to oral pain Attitude: QAR Temperature: not taken due to FAS/discomfort Heart rate: WNL Respiration rate: WNL Hydration: Adequate Eyes: Visual, no blepharospasm. Corneas clear, no ocular discharge. Moderate lenticular opacities. Ears: AU mild tan waxy debris, aberrant hair in external canals. Nose: WNL. No nasal discharge. Oral: - Mandible deviated to the right of the maxilla - ~2cm irregular thickened ulcerated tissue on lip margin and extending into buccal mucosa in region of 304 - Painful when touching mandible - Unable to fully evaluate due to pain</p> <p>Heart and Lungs: - 3/6 left apical systolic murmur; regular heart rate and rhythm. - No crackles, wheezes, stertor, stridor.</p> <p>Abdomen: - Painful on palpation, unable to fully evaluate.</p> <p>Musculoskeletal:</p> | Amber Fischbach DVM | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | <p>- Emaciated with moderate generalized muscle atrophy. Stiff gait.</p> <p>Ambulation: Ambulatory x4. Coat and Skin: Slightly dirty coat with some matting and overgrown hair. Urogenital: - Multiple ~4-5cm firm mammary masses throughout both chains; painful on palpation - Purulent vulvar discharge</p> <p>Lymph nodes: Peripheral lymph nodes normal size. Neurologic: Appropriate mentation.</p> <p>A: - Emaciated - r/o neoplasia, metabolic disease, malabsorptive disease, parasites, malnutrition - Mammary masses - r/o neoplastic vs benign - Oral mass/lesion - r/o oral neoplasia, open - Deviated mandible - r/o fracture, dislocation, neoplasia, open - Heart murmur - r/o degenerative valve disease, open - Severe periodontal disease - AU debris - r/o ceruminous vs otitis externa</p> <p>P: - Start buprenorphine 0.3mg/ml, 0.15ml SC BID for pain while on stray hold - Recommend humane euthanasia at end of hold, sooner if declining or if pt is not eating despite pain management</p> <p>Prognosis is grave and QOL is poor</p> <p>Medically Cleared? (Yes/No): no</p> <p>AFischbach</p> | | | | | | |

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 |
|------------|-------------|--------------|-----------------|
| 4 lbs 3 oz | 2/6/2026 | 2/6/2026 | Amber Fischbach |

Vet Notes History

| |
|------------------|
| No notes entered |
|------------------|