

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

Cola (mcas)

Multnomah
County
Animal Services**Animal ID: 386348**
Shelter Tag:
Status: Euthanized**Current Location: - #**

Type: Dog

Date In Shelter: 2/25/2026

Breed: American Shelter Dog Mix

Date Available: 3/1/2026

Primary MicroChip: No microchip number

Primary Color: Brindle
Secondary Color: White

Sex: Male

Age: 10 Months (approx)

Weight: 32.2 lbs

Media Animal:

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

Vet Treatment Type	Date Given
Pyrantel Pamoate (Strongid) Oral - 4ml	3/2/2026
Fipronil (Effipro) Topical - 1.34ml	3/2/2026
DA2PP 1 year Injectable 1ml SQ	3/2/2026
Bordetella (Intra-Trac 3) 1ml Intranasal	3/2/2026

Vet Treatment Due	Date Due
Bordetella (Intra-Trac 3) 1ml Intranasal	3/2/2027
DA2PP 1 year Injectable 1ml SQ	3/2/2027
Fipronil (Effipro) Topical - 1.34ml	3/30/2026
Pyrantel Pamoate (Strongid) Oral - 4ml	3/16/2026

Status History

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

New Status (statusHistory.asp? animalid=386348&orderby=newStatus)	Status Date (statusHistory.asp? animalid=386348&orderby=statusDate)	User (statusHistory.asp? animalid=386348&orderby=U.firstname)	Animal Type (statusHistory.asp? animalid=386348&orderby=animalType)	anim
Euthanized	8-Mar-2026 11:25	Clarissa Payton	Dog	Shelte
Awaiting Euthenasia	7-Mar-2026 10:07	Tina Hodge	Dog	Shelte
Stray Hold	25-Feb-2026 14:05	Sarah Brosseau	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: 386348

Type: Dog

Breed: American Shelter Dog

Name: Cola (mcas)

Entry Date/Time	Category	Notes
3/8/2026 12:25:18 PM	Euthanasia Notes	C.E.T Euthanasia Process Final scan for microchip: Y SP Bottle #: SP#9 SP Amount: SP 4ml SP Route: SP 4ml IV Sedative/Analgesic Type/Amount/Route: Acepromazine 300mg PO Gabapentin 900mg PO Sileo Gel 4 dot PO TTD 0.32ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y
3/7/2026 10:26:00 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/NA): NA Rounds Review notes have been entered (Y/NA): Yes Foster/Transfer options have been checked (Y/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
3/7/2026 10:11:42 AM	Rounds Review	Rounds discussed and will move to humane euthanasia due to sustained high levels of fear, lack of progress in the shelter that result in poor quality of life.
3/6/2026 7:23:18 PM	Animal Care Notes	Priority Walk I met Cola at his inside intake kennel. He greeted me at the gate with whale eyes, tense body, and fast tail wags to the left. He accepted a piece of hot dog from my hand through the gate, but immediately darted away, defensive barking and weight on his back legs. I decided to go around to the outside kennel and close in the dogs around him to see if that would decrease his FAS. He greeted me the same way at his outside kennel, taking tossed hot dog and then immediately running away while defensive barking. I entered the kennel and crouched low to the ground, placing pieces of hot dog to the right and left of me, at decreasing distances from me each time. He eventually was able to take a treat from my hand. At this point, introduced the leash to him, laying it on the ground next to a couple of treats. He took the treats and sniffed the leash once before darting away. I decided to use a treat lure with a long piece of hot dog to keep distance from his mouth and my hand. When I presented the slip lead near his head, he immediately tensed and froze, lip curled, and then snapped at the leash, making brief contact with it but not holding on. On the second attempted, he snapped at and bit the hot dog, at which point he realized it was yummy and decided to start cautiously eating it. I was able to slide the slip lead over his head. He immediately started slinking/crawling forward towards the door. We exited the kennel with him darting back and forth frantically in front and behind me, body low to the ground, ears pinned back, and whale eyes. Every so often he would pancake to the ground and some slight leash pressure would get him moving again. We walked by SB and Maximus at upper agility to which he had no reaction - remained tense, whale eyes, tucked tail, etc. We made our way down to agility at which point he half laid/crouched down and peed all over himself and then sat in it - frozen in fear and not wanting to move. A train was going by at this point which startled him. After it passed, he began walking again and was able to eat a bite of hot dog off of the ground. He continued walking in the same manner back to his kennel. In his kennel he frantically avoided me, giving me side whale eye with tense low body and tucked tail - not accepted treats on the ground. I decided to leave the slip lead on him for the moment given his high FAS and reaction when I placed it earlier. I then exited

the kennel. As soon as I left, he began to eat the treats I left on the ground. Ended interaction.

Data Collection / Kennel Move / Priority Walk:

Cola and Cobbler(386347) were closed inside of their kennel. I entered and crouched on the opposite side of kennel. They were near the corner, and gave a few whining growls. Both dogs moved forward to take tossed treats, then take from hand. I leashed and moved Cobbler to a new kennel. Cola remained hunched by wall as we exited. When I returned he began to retreat to back corner. I slowly moved towards him, and he defecated, then ran to opposite corner. No interest in treats. He leaned back into the wall, and I was able to place leash over his head. After a moment he crawled out of kennel, following me. He pancaked and froze when neighboring dogs began barking at him, then followed me out of kennels, pancaking again. He would follow behind me with a loose leash, then cower and lay down when we stopped, or I turned towards him. Tolerated pets on head and back while lying down. We looped agility, and he sniffed around a little. Returned to kennel and he lay down, pressing chin into the ground. I removed leash and he moved over to his bed, then sat with one paw lifted, ears and gaze swiveling back and forth.

3/5/2026 10:23:01 AM

Rounds Review

Rounds discussed and will separate from littermate today and then add priority walks. Follow up 3/7.

Data Collection:

I entered the inside of kennel. All three dogs were against the side wall, and gave some nervous whining growls and barks. I sat down a few feet from them and began treating. Cola stayed closest to me, with his two siblings against the wall. He would approach to take treats from hand, and those dropped a foot from my leg, then retreat to shield the others. He would perk up ears when treats were offered, but otherwise kept them back. Tolerated brief chin scratches before pulling away. If the other dogs barked or growl he would bark at me. After sitting and treating for several minutes I ended interaction.

3/4/2026 4:14:50 PM

Behavior Notes

Data Collection:

Cola and kennel mate Jubilee(386349) came to dividing door when I approached outside of kennel. Cola began huffing, and Jubilee barked intermittently, with both periodically retreating out of sight. I entered kennel and sat down, tossing treats near door. Cola would hesitantly stretch across threshold to pick up string cheese, before retreating inside. Would huff towards me if I made movements towards them. They began to venture about a foot outside. When I offered hot dog they began to approach and stretch forward to take from hand. They would retreat to dividing door or back inside after taking treats. I moved inside, and all three dogs huddled in the corner. Cola continued to hesitantly stretch to take treats from hand, then retreat back to kennel mates. Did not vocalize when I was on the inside of kennel.

3/3/2026 2:37:15 PM

Behavior Notes

Data Collection:

As I approached the kennel from inside, Cola was cuddled up on a bed with his two kennelmates Cobbler 386347 and Jubilee 386349. I began speaking sweetly and Cola stood up to stand over his brothers and let out an alert bark followed by a couple of low growls. I entered the kennel and he let out another little bark, then half laid down on top of his brothers. I crouched down facing away from them and tossed some american cheese, which all three dogs leaned forward to eat. Cola appears to be the most confident/bossy of the three, actively moving on and off the bed and stealing the cheese from his brothers. I spent several minutes talking in high/soft tones and all three dogs began taking treats from my hands. Cola continued to let out little huffs and low growls, but would readily approach whenever treats were offered. Accepted brief pets on his head, but was not entirely comfortable and remained avoidant of the contact. I also went outside to work with them. Cola would come outside for treats and did take a few from my hand, but would retreat inside if I attempted pets or leashing. As this was our first interaction I just did kennel time.

3/2/2026 3:54:25 PM

Behavior Notes

3/2/2026 9:52:57 AM

Rounds Review

Rounds discussed and will add data collection, admission assist if able to get dog out of kennel and follow up 3/5.

2/28/2026 4:45:00 PM

Animal Care Notes

Admission Exam Attempt #: 2
 Microchip Scan (Positive/Negative/Unable): Unable, probably could have scanned w wand scanner but didn't bring with me
 Weight (lbs): Looks to be same size as Cobbler 386347 who is 34lbs
 Observations During Interaction: I approached outside kennel. When dog saw me he jumped up w extremely tense face and body, growling and barking w tense mouth lips puckered. Ears forward, chest forward, tail up and stiff. Ran inside as I continued to approach. I stood

at outside kennel tossing treats and calling out, dogs would approach threshold, bark and growl at me, and then immediately retreat. MM and I put PPE on (phasing out of shelter quarantine) and entered inside kennel. We sat inside w the 3 dogs, talking to them and offering them treats. Dogs remained in a pile in the corner of the kennel, trying to escape/hide from me. Attempting to climb the walls and forcing themselves into corners/under beds. Spent a few minutes with them before ending interaction.
 Data Collection Task Entered: 3/2 - 3/4/26
 ACR for Behavior Meds: 2/27/26
 Rounds Task Entered: 3/5/26

2/27/2026 4:39:36 PM

Animal Care Notes

Admission Exam Attempt #: 1
 Microchip Scan (Positive/Negative/Unable): Negative
 Weight (lbs): Estimated between 30-40 lbs, based on exam of kennel mate Admissions completed.
 Observations During Interaction: Tense in face and body, barking and growling with whale eye and ears pinned back as staff entered kennel with the dog. He remained avoidant and darted away when attempted to leash. Staff was able to lasso and dog escalated to flailing, stress urinating and defecating as well as air snapping. Opted not to push further. Staff was able to get leash off by releasing tension and wiggling leash to loosen slip lead loop for dog to move away and out of leash.
 Data Collection Task Entered: Y 2/27/26
 ACR for Behavior Meds: Y 2/27/26
 Rounds Task Entered: Y 2/27/26

2/25/2026 2:14:55 PM

Ownership Notes

386347 - 386349 came in together

386347-386349
 STAFF USE ONLY

Date Received: _____ Animal ID: _____ Shelter Location: _____

Animal Type: Dog Cat Other: _____ Description: _____ Weight: _____

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: Rachel Engelstman	Pronouns: Shelter	Phone: 971-276-9872
Email: rengelstman@gmail.com	Address: 9945 N Clarendon Ave	
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: exit off of I 205
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. leash, got into my car easily.
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 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 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 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 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 type="checkbox"/> Easy Going	<input type="checkbox"/> Shy	<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"/> Afraid	<input type="checkbox"/> Poorly	<input type="checkbox"/> N/A
Other: _____			Other: _____		

Please enter additional details or information here:

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 or Yes, they lived with kids and most of the time they were....	<input checked="" type="checkbox"/> No, they did not live with cats or Yes, they lived with cats and most of the time they were....	<input type="checkbox"/> No, they did not live with dogs or 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 type="checkbox"/> Easy Going	<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"/> 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: Rachel Engelsman

Signature: Rachel Engelsman

Additional Staff Notes:



386 349
386348

JUSTICE
MCAS Dog Daily Monitoring Sheet
COCA

AID:	386 347		NAME:	CORBLER				KENNEL #:	317		3/8				INTAKE DATE:	
DATE	2/26		2/27		3/6		3/7		3/8							
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
Attitude	B		B		B		B		B							
Appetite	n/a		A		A		A		A							
Drinking	+		+		+		+		+							
Urine	+		+		+		+		+							
Stool	-		+		+		-		+							
Vomit																
Coughing																
Nasal Discharge																
Eye Discharge							+									
Walk																
ACR SUBMITTED																
Notes:																
Readily approaches kennel front							+		+							
Playing																
Resting/Sleeping																
Relaxed body																
Occasional bark/jumping					B		B		B							
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	SB		GH		MK		GJ		ML							
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				<i>See Monitor Sheet Guidelines for when AC requests are applicable.</i>			

MCAS Dog Daily Monitoring Sheet

Cobbler, Col

AID: 386347-349 NAME: Jubilee KENNEL #: I 16 INTAKE DATE: 2/25/26

DATE	<u>2/20</u>		<u>3/1</u>		<u>3/2</u>		<u>3/3</u>		<u>3/4</u>		<u>3/5</u>			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Attitude	B		B		B		B		B		B			
Appetite	A		A		A		A		A		A			
Drinking	+				+				+		+			
Urine	+				+				+		+			
Stool	+		S		+		+		+		+			
Vomit														
Coughing														
Nasal Discharge							-							
Eye Discharge			+		H		+		+					
Walk														
ACR SUBMITTED														
Notes:														
Readily approaches kennel front			-				-							
Playing														
Resting/Sleeping	R		R		R									
Relaxed body			-				-							
Occasional bark/jumping			B		B		B		B		B			
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	<u>AS</u>		<u>MD</u>		<u>DL</u>		<u>MDH</u>		<u>JS</u>		<u>CH</u>			

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.
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Do not use Toolbar Buttons
You are logged in as: Nicole Hagen (Shelter)



Person Details

- 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

Scroll To Bottom

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

Person 262402	
ID Number	262402
Entered By	Jennifer Huisman (9/25/2025)
Person Validated <input type="checkbox"/>	Date Validated <input type="text"/>
Flag Person To Delete <input type="checkbox"/>	Photo / Document Manager
Record Last Updated By Sarah Brosseau On 2/25/2026 2:08 PM	

[Update Details](#)

Record Type: Person ▼

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

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

Spouse / Partner Details

Address Details																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Physical Address</th> </tr> </thead> <tbody> <tr> <td>Street Number</td> <td>Direction 1</td> <td>Street Name</td> </tr> <tr> <td>9545</td> <td>N</td> <td>Clarendon Abc</td> </tr> <tr> <td>Street Type</td> <td>Direction 2</td> <td>Apartment Number</td> </tr> <tr> <td>Avenue</td> <td></td> <td></td> </tr> <tr> <td>Country</td> <td colspan="2">United States</td> </tr> <tr> <td>State</td> <td colspan="2">Oregon</td> </tr> <tr> <td>City / Zip</td> <td colspan="2">PORTLAND</td> </tr> <tr> <td>Zip</td> <td colspan="2">97203</td> </tr> <tr> <td>Jurisdiction</td> <td colspan="2">Multnomah County</td> </tr> </tbody> </table>	Physical Address			Street Number	Direction 1	Street Name	9545	N	Clarendon Abc	Street Type	Direction 2	Apartment Number	Avenue			Country	United States		State	Oregon		City / Zip	PORTLAND		Zip	97203		Jurisdiction	Multnomah County		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Mailing Address <input type="checkbox"/> Copy Physical Address</th> </tr> </thead> <tbody> <tr> <td>Street Number</td> <td>Direction 1</td> <td>Street Name</td> </tr> <tr> <td>9545</td> <td>N</td> <td>Clarendon Abc</td> </tr> <tr> <td>Street Type</td> <td>Direction 2</td> <td>Apartment Number</td> </tr> <tr> <td>Avenue</td> <td></td> <td></td> </tr> <tr> <td>Country</td> <td colspan="2">United States</td> </tr> <tr> <td>State</td> <td colspan="2">Oregon</td> </tr> <tr> <td>City / Zip</td> <td colspan="2">PORTLAND</td> </tr> <tr> <td>Zip</td> <td colspan="2">97203</td> </tr> </tbody> </table>	Mailing Address <input type="checkbox"/> Copy Physical Address			Street Number	Direction 1	Street Name	9545	N	Clarendon Abc	Street Type	Direction 2	Apartment Number	Avenue			Country	United States		State	Oregon		City / Zip	PORTLAND		Zip	97203	
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Contact Details

Unlisted Number?

Home Phone

Cell

Cell Network

Preferred Contact

Work Phone Ext

Fax

Do Not Call - Telemarketing

Email Unlisted

[Add Email](#) Primary

Method of Identification

ID Type Issuing Country

ID Number

Expiry Date

ID Issuing State

Second Method of Identification

Special Message

Would person like to be on mailing list?

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

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 checked="" 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

5.18.4 (Dorado)



You are logged in as: Nicole Hagen (Shelter)

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: 386348
 Name: Cola (mcas)
 Age: 10 Months (approx)
 Breed: American Shelter Dog
 Entered By: Sarah Brosseau on 2/25/2026

Flag Animal To Delete:
This animal is part of a litter.



Photo / Document Manager

Update Details

Identification Details

Source (H) **Stray**

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:

Go to Person Record

Status Date: 3/8/2026 11:25 AM

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:

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) **Cola (mcas)** Abc

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

Is this an approximate Age?

DOB: **5/2/2025**

Date of Weighing: **3/2/2026**

Age Group:

Weight: (H) **32** **3.2** lbs, oz

Class: **Domestic**

Type: **Dog** Change

Feral: **No**

Breed/Species: **American Shelter Dog**

Mixed Breed: **Mixed**

Secondary Breed/Species:

Circumstance: **Stray (No ID)**

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

Gender: **Male**

Primary Color: **Brindle**

Secondary Color: **White**

Animal Received: (H)

Declawed?

Size: **Medium**

- 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 [13])
- 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

Animal Details

Distinguishing Features / Markings

Coat Type: **Smooth** ▼ Tail Type: **Full** ▼

Coat Length: **Short** ▼ Eye Color: **Brown** ▼

Ear Type: **Rose** ▼ Collar Description: ▼

Collar Type: **None** ▼ Reason: ▼

Cause Of Affliction (H): ▼ Other Injury: ▼

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

With Litter? Number in Litter:

Media Animal (H): **Select options** Suitable for events / satellite pet shops: ▼

Media Animal Notes (H): Alternative / Specialized Placement: ▼

Evaluation Category: (H) **UU - Unhealthy-Untreatable** ▼ Condition: **Select options**

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

Intake Behavior 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: \$ Available For Adoption Date: **3/1/2026**

OR Due Date Out (H): **3/1/2026**

Due Out In (days): Date Found: **2/25/2026**

Date Lost:

Physical Location: ▼ Shelter Location: (H) ▼
Kennel: Please select a shelter location first. ▼

Date In Shelter: **2/25/2026** Time In Shelter: **02** ▼ : **05** ▼ **PM** ▼ **Use current time**

Return Reason (H): ▼ Other Return Reason: Transfer Due:

Spayed / Neutered Due Date: **01** ▼ : **00** ▼ **AM** ▼

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: **NE Lloyd Blvd / NE Martin Luther King**

City: **FAIRVIEW** **Find City**

Zip Code: **97024** **Find Zip Code**

State: **Oregon**

Jurisdiction: **Multnomah County** ▼

Country: **United States** ▼

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 # 370015 - Stray, \$0.00, 2/25/2026 (Free of Charge) Email

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

Update Details

Record Last Updated By: Clarissa Payton On 3/8/2026 12:25:52 PM

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)
386348	Cola (mcas)	Dog	American Shelter Dog	Yes		Brindle
Color(2)	Gender	Spayed / Neutered	Age	MCID Tag	Other Identification	Primary Microchip #
White	Male	No	10 Months (approx)			

Veterinary Clinic Software Record #:

Weight: 32 lbs 3.2 oz

Date of Weighing: 3/2/2026

Intake


Date: 2-Mar-2026

Weight: 32.2 lbs


Attitude

 Normal BAR


Ears

 Normal WNL, mild debris


Eyes

 Abnormal 3rd eyelid L eye prolapsed

Nose

 Normal WNL


Mouth/teeth/gums

 Normal WNL, white. Small amount of staining on back teeth, grayish, appears to be from poor care/husbandry. Canines almost fully erupted. Est age ~10m.


Heart

 Normal


Coat & Skin

 Normal WNL, clean and soft

Urogenital

 Normal Intact male, two testicles present

Mobility/musculoskeletal

 Normal No issues observed

Result: Abnormal

Comments: Admission Behavior Observations:

Microchip Scan (Positive/Negative/Unable): Scanned, negative

1. Offer Tasty Food: Not interested

2. Overall Body Posture: Cowering, curled inward. Urinating and defecating when approached. Tolerates contact, remains frozen.

3. Face: Wrinkled brow.

4. Tail: Tucked

5. Ears: Back

6. Eyes: Whale shape, avoiding

7. Mouth: Closed tightly

8. Vocalizing: Quiet

9. Fear-Anxiety-Stress(FAS) Observed Intake: High FAS, was not a safety concern

10. Other Behavior Observations: Closed outside by himself. When handler entered kennel to retrieve dog, began frantically exit searching and jumping on walls. Stopped and pancaked when handler cornered. Began urinated and defecating in place as handler placed a large towel over him. Allowed handler to pick him up and carry him to exam room w/o issue. In exam room, remained frozen in fear, cowering w head and shoulders lowered, some trembling. Allowed all handling and restraint necessary for exam. Recommend foster prior to adoption.

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:

- Cherry Eye

The dog you are adopting has been diagnosed with a prolapsed gland of the nictitating membrane (NM), also known as the third eyelid. This prolapse is commonly referred to as cherry eye.

What causes cherry eye?

The cause of cherry eye is not known, but in some breeds of dogs it may be hereditary. Normally, the gland can turn inside out without detaching. Cherry eye results from a defect that is responsible for anchoring the third eyelid, causing it to prolapse and protrude from the eye.

What are the signs?

When the gland prolapses it appears as a red, swollen mass at the inner corner of the eye near the muzzle. Sometimes discharge from the eye may be present as well. The incorrect location of the gland can affect tear production. If left untreated, this condition can lead to chronic dry eye and other complications.

How is it diagnosed?

A diagnosis of cherry eye is made visually during a physical exam.

What treatment is needed?

A topical eye ointment containing an antibiotic and a steroid may be used to reduce the inflammation in the gland. In mild or sporadic cases this may reduce the swelling enough for the gland to return to its normal size and position. Long term therapy includes surgical replacement of the gland. There are multiple different surgical techniques that may be used.

What do I need to do next?

Adopters should speak with their regular veterinarian to determine a long term treatment plan for this animal.

Any future treatments or diagnostics will be the responsibility of the adopter.

I acknowledge that I have read and understand all of the above information and have received a copy of this waiver.

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
3/2/2026	Pyrantel Pamoate (Strongid) Oral - 4ml				
3/2/2026	Fipronil (Effipro) Topical - 1.34ml				

3/2/2026	DA2PP 1 year Injectable 1ml SQ			
3/2/2026	Bordetella (Intra-Trac 3) 1ml Intranasal			

Vet Treatments Due

Date Due	Vet Treatment Type
3/16/2026	Pyrantel Pamoate (Strongid) Oral - 4ml
3/30/2026	Fipronil (Effipro) Topical - 1.34ml
3/2/2027	Bordetella (Intra-Trac 3) 1ml Intranasal
3/2/2027	DA2PP 1 year Injectable 1ml SQ

Medications

Medication	Amount Dispensed	Route of Administration	Frequency	Date From	Date To	Vet Name	Reason	Notes	Instructions
Trazodone 100 mg	28 tablets	PO	1 PO, 2 times every 1 day(s)	27-Feb-2026	13-Mar-2026	Amber Fischbach DVM		Trazodone 100mg 1 tab PO BID	Give 1 tablet by mouth, every 12 hours for 14 days for fear, anxiety and stress. Exp: 04/26 - BB

Drug Usage

No drugs administered to this animal.

Vet Consultations

Date	Reasons	Diagnosis	Vet Notes	Vet	Date Resolved
8-Mar-2026	Euthanasia		<p>Cvt Notes: 12:25 PM</p> <p>C.E.T Euthanasia Process Final scan for microchip: Y SP Bottle #: SP#9 SP Amount: SP 4ml SP Route: SP 4ml IV Sedative/Analgesic Type/Amount/Route: Acepromazine 300mg PO Gabapentin 900mg PO Sileo Gel 4 dot PO TTD 0.32ml IM Weight entered in ShelterBuddy: Y Asystole Confirmed: Y</p>	Clarissa Payton CVT	
27-Feb-2026	Medical Update		<p>Vet Asst. Notes: 5:01 PM</p> <p>Animal Care Request (ACR) ACR Notes: "Mod to high FAS, possible safety concern. Has cherry eye." Assessment: Alarm barking on bed, in front of kennel mates, ears forward and low tail wag. BAR. Normal input and outputs. Visible cherry eye.</p>	Brooke Baumbach ACT2	

		Medications: Trazodone 100mg Plan: Add indemnity for Cherry eye. Start FAS medications and recheck in 14d	
--	--	--	--

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
35 lbs	2/28/2026	2/28/2026	Frances Smith
32 lbs 3.2 oz	3/2/2026	3/2/2026	Frances Smith

Vet Notes History

No notes entered
