

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

Multnomah County  
Kennel Card

# Louie



Multnomah  
County  
Animal Services

**Animal ID: 394512**  
**Shelter Tag:**  
**Status: Awaiting Euthanasia**



**Current Location: Shelter - Security #03**

Type: Dog

Date In Shelter: 5/25/2026

Breed: Pit Bull / Cane Corso

Date Available: 5/25/2026

Primary MicroChip: XXXXXXXXXX

Primary Color: Blue  
Secondary Color: White

Sex: Neutered Male

Age: 8 Years

Weight: 50 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

Vet Treatment Due

Date Due

# Status History

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

New Status (statusHistory.asp? animalid=394512&orderby=newStatus)	Status Date (statusHistory.asp? animalid=394512&orderby=statusDate)	User (statusHistory.asp? animalid=394512&orderby=U.firstname)	Animal Type (statusHistory.asp? animalid=394512&orderby=animalType)	anim
Awaiting Euthanasia	26-May-2026 10:07	Tara Sturges	Dog	Shelte
Hold	25-May-2026 14:24	Angela Budnick	Dog	Shelte
Information	20-May-2026 13:10	Megan Lynch	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: 394512

Type: Dog

Breed: Pit Bull

Name: Louie

Entry Date/Time	Category	Notes
5/26/2026 10:47:44 AM	Euthanasia Notes	Euthanasia Sign Off - Supervisor/Manager Microchip scan has been completed: Yes ID Trace/Owner contact has been completed: Yes Rounds Review notes have been entered: Yes Foster/Transfer options have been checked: N/A Evaluation category has been entered: Yes Euthanasia reason has been entered: Yes Due out date is correct: Yes Status is Awaiting Euthanasia: Yes//jkt
5/26/2026 10:08:41 AM	Rounds Review	Rounds met and due to the bite history, and human aggression in the community will move forward with euthanasia.
5/25/2026 3:12:59 PM	Ownership Notes	Taking off Id trace-- Microchip matches Owner Surrender name.  -Microchip-  Microchip Last Updated: 3/22/22  Contacted HomeAgain for chip [REDACTED]  That chip is attached to the following pet: Pet Name: Louie Sex: Male Spayed/Neutered: Yes Pet Date of Birth: N/A  Owner information on Microchip Account PRIVACY FLAG ON THE ACCOUNT:(YES or NO)- No  Owner Name: Austin [REDACTED] Phone: [REDACTED] Email: [REDACTED] Address [REDACTED]  Alternate Contact:503-422-0269  Implant facility: West Eugene Animal Hospital Phone Number: 541-342-5858 Lot #: E040592 Microchip Sold Date: 03/22/21

**STAFF USE ONLY**

Date Received: 5.25.20 Animal ID: 394512 Shelter Location: Security

Identification Type:  Microchip  License  Identification Tags  None ID Number: \_\_\_\_\_

## Surrender Pet Profile

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

### Owner Information

Name: Austin

Email: \_\_\_\_\_

### Pet Information

Pet Name: <u>LOWIE</u>	Color: <u>GRAY</u>	Possible Breed: <u>PITBULL</u>	Age: <u>8</u>
Gender: (Circle One) <input checked="" type="radio"/> Male <input type="radio"/> Female	Spayed/Neutered?: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		

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

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

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

If you answered 'Yes', please describe:

### Ownership History

Please check the reason you are surrendering this pet:

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

Where did you get this pet?: RESCUE How long have you owned this pet?: 2 yrs

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

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

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

### Household Information

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

How was this pet when they were...?

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

Please enter additional details or information here:

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

<p style="text-align: center;"><i>Kids (Under 10)</i></p> <input type="checkbox"/> No, they did not live with kids <p style="text-align: center;"><i>or</i></p> <input checked="" type="checkbox"/> Yes, they lived with kids and most of the time they were.... <input checked="" 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"/> Other: _____	<p style="text-align: center;"><i>Cats</i></p> <input checked="" type="checkbox"/> No, they did not live with cats <p style="text-align: center;"><i>or</i></p> <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: _____	<p style="text-align: center;"><i>Dogs</i></p> <input type="checkbox"/> No, they did not live with dogs <p style="text-align: center;"><i>or</i></p> <input type="checkbox"/> Yes, they lived with dogs 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: <u>ICCY</u>
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Please enter additional details or information here:

Tell us more about this pet!

*This pet likes...*

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

*This pet has trouble with...*

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

*Some other words to describe this pet...*

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



# Person Details

Scroll To Bottom

Person Menu			
<b>Person Profile</b> List Animals In Shelter Care List Animals Responsible For List All Animals Target Audience Mailing Lists Mailing Lists Spay / Neuter Deposit Refund (H)	<b>Relationships</b> Add Receipt Add Refund Bank Account Details External License Issuer	<b>Donor History</b> Financial History Sell Product / Service Other Dispatch History (1)	<b>Notes</b> Discussion Donor Volunteer Foster Wildlife Dispatch

Person 278195	
ID Number	278195
Entered By	Megan Lynch (5/19/2026)
Person Validated <input type="checkbox"/>	Date Validated <input type="text"/>
Flag Person To Delete <input type="checkbox"/>	<a href="#">Photo / Document Manager</a>
Record Last Updated By Angela Budnick On 5/25/2026 2:26 PM	

[Update Details](#)

Record Type: Person

Main Details	Other Contacts	Other Addresses	Company	Salutations	Personal Info	County																																			
<b>Name &amp; Title</b> <table border="0"> <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> <td></td> </tr> <tr> <td>First Name</td><td>Austin </td> <td>Last Name</td><td><input type="text"/> </td> <td>Middle Name</td><td><input type="text"/> </td> <td></td> </tr> <tr> <td>Preferred Name</td><td><input type="text"/> </td> <td>Nickname</td><td><input type="text"/> </td> <td></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><td></td> </tr> <tr> <td>Gender</td><td><input type="text"/></td> <td>DOB</td><td><input type="text"/></td> <td></td><td></td><td></td> </tr> </table>							Title	<input type="text"/>	Honorary Title	<input type="text"/>	Suffix	<input type="text"/>		First Name	Austin	Last Name	<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"/>			
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<b>Spouse / Partner Details</b>																																									
<b>Address Details</b> <table border="0"> <tr> <td><input type="checkbox"/> Physical Address </td> <td><input type="checkbox"/> Mailing Address </td> <td><input type="checkbox"/> Copy Physical Address</td> </tr> </table> <div style="background-color: black; height: 100px; width: 100%;"></div>							<input type="checkbox"/> Physical Address	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Copy Physical Address																																
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Contact Details

Add Email

Primary

Method of Identification

ID Type  Issuing Country   
 ID Number  ID Issuing State   
 Expiry Date

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  
 Prospective Donor  
 Breeder of  
 Great supporter of Multnomah County  
 Do not adopt Reason  Date  (H)

This person is a Veterinarian  
 Accept Text Message (SMS) mail?  
 Do not disclose person details  
 Animals

Small Notes

Update Details

Personal Categories

- Adoption  Human Resource Management  Surrender

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

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*For all creatures great and small*

5.25.5 (LunarFlashlight)

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### Finalized Animal Control Issue Summary

Job Num: **308129**

Urgency: Priority 3 - Black

Officer Details: Megan Lynch

Date: 18-May-2026,  
Received: 1:42:00 PM (13:42)  
Officer: District 3B - SE  
Region: 52nd to I-205  
(South of Burnside)

#### Agency: Multnomah County

##### Animal Control Issue Codes

Bite Investigation - Dog

[Hide / Show Caller Details](#)

<b>Caller Details</b>	
Person ID:	278154
Name:	Jose [REDACTED]
Address:	[REDACTED]
Phone:	[REDACTED]
Email Address:	[REDACTED]

[Hide / Show Owner Details](#)

<b>Owner Details</b>	
Person ID:	278195
Name:	Austin [REDACTED]
Address:	[REDACTED]
Phone:	[REDACTED]
Email Address:	[REDACTED]

<b>Location Details</b>	
Location:	[REDACTED]
Location Notes:	[REDACTED]
<b>THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET.</b>	
0 OTHER DISPATCH REQUESTS AT THIS ADDRESS <a href="#">Hide / Show</a>	
ANIMALS LICENSED AT THIS ADDRESS <a href="#">Hide / Show</a>	
No animals licensed at this address	

#### Animal Control Issue Details

Received By: Autumn Smith  
Source: Public  
Potential Violence: Unknown  
Potential Violence Details: Verbally Abusive: Unknown

**Other Comments / Notes:**

May 18 2026 1:48PM PR reports that on 5/01/26 he was outside of his daughter's house on the sidewalk when the neighbor's pit bull ran after him and his daughter and bit him breaking skin on his right leg. PR states that the dog was out loose in the front yard. PR did a report at Adventist hospital on the day that the bite occurred.

May 19 2026 12:08PM 05.19.26 approx 1207 I called the victim, JOSE [REDACTED] and left a VM.

May 19 2026 3:17PM 05.19.26 received a VM from JOSE. I called JOSE back approx 1412. JOSE stated that he was visiting his daughter at [REDACTED]. JOSE stated that he and his four year daughter were initially on the sidewalk while she rode her bike and they walked by the listed address of [REDACTED]. JOSE stated that he checked the driveway to see if there was any cars prepared to back up when he noticed an unoccupied Bulldog type dog in the driveway. JOSE stated that the dog bolted at him and his daughter. JOSE stated that he picked up his daughter and placed her on his shoulder. JOSE stated that the dog was jumping on him, seemingly trying to get to his daughter. JOSE stated that he yelled at the dog to go away and attempted to kick the dog with his foot. JOSE stated that he felt either bites or scratches on his hand and leg. JOSE stated that he finally managed to kick the dog away but the dog bit him on the shin. JOSE stated that the owner, AUSTIN [REDACTED] came outside and contained his dog. JOSE stated that AUSTIN had come back out of the house and expressed his apologies, provided his contact information, and informed JOSE that the dog got out of the backyard. JOSE stated that he went to the hospital for treatment. JOSE asked about "pressing charges." I informed JOSE of PDD level 4 or filing a civil suit. JOSE stated that he was not sure about placing the restrictions on the dog. I asked JOSE to think about it as his statement is important but ultimately I would be making the decision. JOSE stated that he understood. I asked JOSE to send me photos of his injury(ies) via text and he stated that he would. I thanked JOSE and hung up. Uploaded photos to the job.

May 20 2026 1:19PM 05.20.26 approx 1300 I called the dog owner, AUSTIN [REDACTED]. AUSTIN stated that he believed his 8 year old Pit Bull mix Cane Corso got out through a hole int he fence (that has since been patched up). AUSTIN stated that he was in and out of the house to prepare for a party when he heard the commotion outside. AUSTIN stated that he contained his dog in the house and went back out to speak to the victim, JOSE. AUSTIN stated that his dog has displayed aggressive behaviors in the past and was looking into getting the dog euthanized as the dog is older and he has a third child on the way and is concerned for this children's safety. AUSTIN stated that all the places he looked into were too expensive and he was at a loss. I informed AUSTIN that he could surrender the dog to MCAS, he just would not be able to be there nor receive any ashes back. AUSTIN stated that he understood and stated that he was working until the weekend, where he could drop the dog off. I informed AUSTIN that I would approve it with my supervisor and we can set up a good time for him to drop off. I thanked AUSTIN and hung up. Approved surrender with supervisor and I messaged AUSTIN for next steps.

May 24 2026 11:07AM 05.24.26 as resources have been extended, AUSTIN expressed interest in surrendering/opting for behavior euthanasia as opposed to PDD level 4, closing complaint at this time.

**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 #
394512 - Info Only	Domestic	Dog	Pit Bull		

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**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)
394512	Louie	Dog	Pit Bull	Yes	Cane Corso	Blue
Color(2)	Gender	Spayed / Neutered	Age	MCID Tag	Other Identification	Primary Microchip #
White	Male	Yes	8 Years			

Veterinary Clinic Software Record #:

Weight: 50 lbs

Date of Weighing: 5/25/2026

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
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
No medications administered to this animal.									

**Drug Usage**

No drugs administered to this animal.									
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**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
50 lbs	5/25/2026	5/25/2026	Frances Smith

**Vet Notes History**

No notes entered
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