

SCRAPS  
Kennel Card

# Nezzy



**Animal ID: 28458**  
**Shelter Tag:**  
**Status: Euthanized**  
**Sub-Status:**



### Lost / Found Address

[REDACTED]

SPOKANE WA 99202

### Current Location: - #

Type: Dog

Date In Shelter: 1/3/2021

Date Available:

Primary MicroChip: [REDACTED]

Breed: Medium Mix Mix

Primary Color: Tan  
Secondary Color:

Sex: Neutered Male

Age: 3 Years 8 Months 2 Weeks

Weight: 65.8 lbs

Media Animal:

### Distinguishing Features / Markings:



Treat Lover



Cuddlebug!



Toy Fanatic!

**Adoption Summary:** Meet Nezzy! We could almost just recommend that you look into Nezzy's big, brown eyes and leave it at that, but that wouldn't do our Nezzy justice - he's so much more than just a beautiful face! Nezzy came to us as a young guy, extremely nervous and shutdown, and he has made huge strides. For his friends, he's a bright, fun-loving, frog-legging cuddle-bug. <3 Nezzy is waiting for a human friend who knows what it's like to put on a brave face everyday and push through your own fears; and who thinks cuddling is an often underrated form of daily therapy. :) Please email [SCRAPSDogTeam@spokanecounty.org](mailto:SCRAPSDogTeam@spokanecounty.org) to meet the one and only Nez!

# Status History

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

New Status	Status Date	User	Animal Type	Physical Location	Evaluation Category	Source	Source Date
Euthanized	20-Sep-2023 11:55	Nick Hobbs Doyle	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Awaiting Behavioral Assessment	26-May-2023 13:32	Nick Hobbs Doyle	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Awaiting Rescue	17-May-2023 11:19	Nick Hobbs Doyle	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Available For Adoption	23-Apr-2021 12:19	[REDACTED]	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
		<b>Sub-Status</b>		<b>Date</b>	<b>User</b>		
		Dog Team		27-Nov-2022 18:58	[REDACTED]		
		Supervision Required		19-Jul-2021 14:55	[REDACTED]		
Awaiting Behavioral Assessment	11-Jan-2021 13:06	[REDACTED]	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Bite Quarantine	3-Jan-2021 13:05	[REDACTED]	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Stray Hold	3-Jan-2021 10:25	[REDACTED]	Dog	Spokane County Regional Animal Protection Services		ACO - Impound	3-Jan-2021 10:25
Information	2-Jan-2021 10:23	[REDACTED]	Dog	Spokane County Regional Animal Protection Services		Dispatch Information	2-Jan-2021 10:23
Information	1-Jan-2021 21:22	[REDACTED]	Dog			Dispatch Information	1-Jan-2021 1:00

## Existing General Animal Notes

**Animal ID:** 28458  
**Type:** Dog  
**Breed:** Medium Mix  
**Name:** Nezy

Entry Date/Time	Category	Notes	User
9/20/2023 11:56:03 AM	Kennel Staff Notes	- Prognosis: Animal has been evaluated and determined by a licensed veterinarian and/or an animal behavioral specialist and is deemed to be an untreatable threat to other animals and/or people. Animal displays identified triggers to humans and/or other dogs/animals. These triggers have created an inability to provide basic care, enrichment, exercise or sustained successful animal management within acceptable means without inducing immense stress or deterioration of quality of life. - This clinical mental state is unacceptable and irreversible and continuing to confine long term is inhumane/unethical. This animal is unsafe to be adopted out, transferred, or homed in the community. Humane euthanasia shall be performed as it is the only humane course of action.	Nick Hobbs Doyle
6/5/2023 4:04:37 PM	A P O	Nezy is a sweet dog with trust issues. Best to do trust transfer prior to taking him out. Exhibits barrier reactivity which diminishes when leash is presented and disappears when a relationship is established. // Leashes and returns easily to kennel. Not food or toy motivated. Enjoys affection, car rides, and will sniff new people but needs time to build trust.	
5/17/2023 11:20:33 AM	Kennel Staff Notes	Furry Farms second meet for 5/25/23. Removed from adoption	Nick Hobbs Doyle
5/3/2023 9:19:23 AM	A P O	Took Nezy offsite yesterday for a car ride, pup cup and dog meet & greet. He did great in the car and hopped in easily. Nezy sniffed female dog, but otherwise shared play yard with her without choosing to engage. Had relaxed posture with loose leash and mild curiosity toward other dog. // Nezy has previously sniffed, touched noses and walked with two female dogs. Nezy has sniffed and touched noses with male dogs through fence. // At this time, Nezy can go to a home with other dogs, but meet & greets are mandatory.	
6/11/2022 5:15:36 PM	Ownership Notes	Sponsored adoption per receipt #53894 person ID 61085.	
9/30/2021 3:48:20 PM	Behavior Notes	It is recommended there are no other dogs or children under 15 in home. Over aroused easily and prior redirected bites when Nezy was fighting with other resident dog. GHC	
8/7/2021 7:35:38 PM	Behavior Notes	Nezy does well in playgroup with some other dogs. Gets over aroused with more than one dog. GHC  Friends: Cane Roo Shepp Indigo	
7/22/2021 8:35:57 AM	Behavior Notes	Nezy kennel fights with his neighbors. Place next to non jumpers or back kennels only. GHC	
5/18/2021 11:28:20 AM	Behavior Notes	SUPERVISION REQUIRED. Build a relationship first. Move quickly with slip lead when getting out. Can half kennel if needed. GHC	

1/3/2021 11:09:29 AM A P O

10 day bite quarantine starting 1/1/2021, over on 1/11. bit owners during a dog fight. animal aggressive. was picked up from PEC on 1/3/2021 after AOs refused to take him home. still attempting to contact AOs at this time. will scan in records given by PEC and enter care requests.



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## Medical History Report

**The Spokane County Regional Animal  
Protection Service**  
6815 E. Trent Avenue  
Spokane Valley, WA 99212  
509-477-2532

Animal ID	Name	Type	Breed	Mixed	Secondary Breed	Color(1)	Color(2)	Gender
28458	Nezzy	Dog	Medium Mix	Yes		Tan		Male
Spayed / Neutered	Age	Primary Microchip Brand	Primary Microchip #	Rabies Tag	Weight	Spay / Neuter Due Date	Temperature	
yes	3 Years 8 Months 2 Weeks	Home Again			65 lbs 12.8 oz			

Veterinary Clinic Software Record #:

Weight: 65 lbs 12.8 oz

Date of Weighing: 1/3/2021

**Intake - Non-Vet****Date:** 3-Jan-2021**Weight:** 65.8 lbs

Attitude / Hydration

 Normal

Ears

 Abnormal injury and swelling to left ear

Eyes

 Abnormal cherry eye on left eye

Skin &amp; Coat

 Abnormal small wound on chest, left side

Mouth, Teeth, &amp; Nose

 Abnormal swelling on lips

Abdomen

 Normal

Limbs &amp; Tail

 Normal

Urogenital / Gastrointestinal

 Normal**Result:** Abnormal**Comments:** was in dog fight, sustained injuries. PEC started pain meds and antibiotics**Date Spayed / Neutered:****Schedule Surgery Date:****Stitches Removal/Wound Recheck Date:****Clinic Name:** SCRAPS**Previously Spayed / Neutered:** Yes

**General Vet Notes:** 1/4/2021: Visual exam, wounds on head from dog fight. Rec continue antibiotics Cephalexin 250mg 3 tab BID x 10 days. Gaba not needed, P does not appear painful or have signs of discomfort on evaluation. Monitor for swelling, discharge, or discomfort. - BOK

7/8/21: Cut above right eye re-opened and they cleaned with chlorhex. Visual exam, looks like area has scabbed over at this time. Rec monitoring and report if continuing to open or if discharge/painful. - BOK

1/14/21: Visual recheck, P finished antibiotics. Face appears healed/scared, no swelling or discharge. Scabs minimal. No further antibiotics needed. - BOK

1/18/22: P is BAR, active in kennel. Visual examination, has small scabbed over gash beneath left eye (Per BEH team unknown cause). Appears area is not swollen, has redness from scabbing, no discharge seen. Continue to monitor, suspect superficial abrasion that is in process of healing. Monitor, report if getting worse, swollen, or has discharge. - BOK

1/31/22: Reported two puddles of watery diarrhea. Today on walk through normal defecation in kennel. Continue to monitor/report concerns. Limit extra treats/goodies possibly causing GI upset. Or could be change in food...- BOK

5/16/2023: Reported bottom right K9 tooth bleeding/broken, blood coming from mouth. Visual examination, upon approach of kennel P bolting back and forth, barking, and parkour off walls, I crouched down and turned head away able to observe out of corner of eye, no blood in kennel appreciated. P barking, spinal alignment, pushing commissures forward with very tense body/face. Hard stare. No blood in mouth appreciated and could not visualize teeth due to behavior and tense mouth. Unable to do hands on examination and unsafe to perform at

this time. Will be rechecking, please report if any swelling of mouth noted, if sensitivity eating is appreciated, or any further blood noted. - BOK

9/20/23: CARS Evaluation and Pathway - Prognosis: Animal has been evaluated and determined by a licensed veterinarian and/or an animal behavioral specialist and is deemed to be an untreatable threat to other animals and/or people. Animal displays identified triggers to humans and/or other dogs/animals. These triggers have created an inability to provide basic care, enrichment, exercise or sustained successful animal management within acceptable means without inducing immense stress or deterioration of quality of life. This clinical mental state is unacceptable and irreversible and continuing to confine long term is inhumane/unethical. This animal is unsafe to be adopted out, transferred, or homed in the community. Humane euthanasia shall be performed as it is the only humane course of action.

**Previous Medical Details:**

**Known Allergies or Medical Conditions:**

**Feeding Requirements:**

**Most Recent Date In Care:** 26-May-2023 **Date Adopted:**

**Origin:** ACO - Impound

**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
1/3/2021	Revolution (Selamectin)				
Notes: 2cc					
1/3/2021	Strongid				
Notes: 6.5cc					
1/3/2021	Bordetella				
1/3/2021	DA2PP				
4/23/2021	Strongid				
Notes: 7ml					
4/23/2021	Revolution (Selamectin)				
4/23/2021	Bordetella				
4/23/2021	DA2PP				
4/27/2021	Rabies - 1 yr		SQ		
5/14/2021	DA2PP				
2/15/2022	Simparica				
3/18/2022	Simparica				
4/21/2022	Simparica				
5/27/2022	Simparica				
7/7/2022	Simparica				
3/23/2023	Simparica				

6/15/2023	Simparica			
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**Vet Treatments Due**

Date Due	Vet Treatment Type
4/27/2022	Rabies - 3 yr
5/14/2022	DA2PP
7/15/2023	Simparica

**Medications**

Medication	Amount Dispensed	Route of Administration	Frequency	Date From	Date To	Vet Name	Reason	Notes	Instructions
Cephalexin - 250mg	60 Capsules	PO	3 tablets PO, 2 times every 1 day(s)	4-Jan-2021	14-Jan-2021	Beth O'Keeffe			
Convenia	3 ml	SQ	3ml once	2-Dec-2021	2-Dec-2021	Beth O'Keeffe			

**Drug Usage**

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

**Vet Consultations**

Date	Reasons	Vet Notes	Vet	Date Resolved
16-May-2023				
2-Feb-2022				
19-Jan-2022				
12-Nov-2021				
12-Jul-2021				
7-Jan-2021				
5-Jan-2021				

**Weight History**

Weight	Weight Date	Date Updated
65 lbs 12.8 oz	1/3/2021	1/3/2021

**Vet Notes History**

No notes entered
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### Care Requests for this animal

Request	Date Entered	Reminder Date	Category	Reminder Notes	Requested By	Finalized
<a href="#">Edit</a> <a href="#">Delete</a>	1/3/2021 11:24:00 AM	1/3/2021	Follow-up treatment	Provide antibiotics and pain meds for wounds per EPC. started on 1/1. PEC had him on gaba 300mg 1 cap every 8-12 hrs and amoxi/clav 375mg 1 tab every 12 hrs	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	1/4/2021 9:55:00 AM	1/4/2021	Follow-up treatment	bite quarantine ends 1/11/21, is already fixed and will need rabies	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	7/8/2021 12:01:00 PM	7/8/2021	Kennel Staff Concern	The cut above his right eye has re opened up.	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	11/10/2021 8:31:00 PM	11/10/2021	Kennel Staff Concern	Dog jumped in air and landed bottom jaw on water bowl extremely hard. Check mouth.	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	1/17/2022 11:47:00 AM	1/17/2022	Kennel Staff Concern	Small cut/gash under left eye.	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	1/30/2022 11:42:00 AM	1/30/2022	Kennel Staff Concern	Watery diarrhea, seems like two different puddles of it.	[REDACTED]	<input checked="" type="checkbox"/>
<a href="#">Edit</a> <a href="#">Delete</a>	5/15/2023 7:22:00 PM	5/15/2023	Kennel Staff Concern	I noticed Nezy's Bottom Right K9 tooth was bleeding, it looks to be freshly broken. There was mild blood in his mouth coming from the tooth.	Dr. Beth O'Keeffe	<input checked="" type="checkbox"/>



# Behavior Assessment

Editing Information For: [REDACTED]

Tag Number:                      Type: Dog  
Breed: Medium Mix              Name: Nezzzy  
Animal ID: 28458                Age: 3 Years 8 Months 2 Weeks  
Gender: Male                    Spayed / Neutered: yes  
Date In Shelter: 3-Jan-2021

This information is supplied as a guide only based on the history supplied to us and on our observations of the animal in the shelter. SCRAPs, its employees and agents accept no responsibility in the event that the animal behaves differently from its description below, nor are any guarantees made in respect of its future behavior.

Animal Name:

Behavior Assessment Date:   Retest Date:

Retest Reason:  Next Test Date:

Handler:  Observer:

**1. Leash Manners- Handler walks dog outside. Observe leash behavior and report to Recorder.**

- Leash Manners
- Doesn't Pull
  - Pulls Lightly
  - Pulls Medium
  - Pulls Hard
  - Grabs Leash with Mouth (may select this box along with 1 behavior)

Leash Manners

Characters left: 3000

**2. Room Behavior(Part 1: Explore 2mins): Handler drops leash when entering room and sits in chair in middle of room. Watch but do not talk to or interact with dog during the 2 mins.**

- Room Behavior (Part 1) Person
- Approach Person
  - Stay Near Person 5+ sec
  - Back Away from Person
  - Run Away from Person
  - Sniff Person
  - Lick Person
  - Nudge Person
  - Paw Person
  - Jump Up on Person
  - Mount Person

- Room Behavior (Part 1) Body
- Crouch
  - Cower

Mount Person

Room Behavior  
(Part 1) Body

- Crouch
- Cower
- Tremble
- Hide
- Jump up (not on person)
- Playbow
- Stiff/Freeze

Room Behavior  
(Part 1) Tail

- Wag Tail
- Tuck Tail

Room Behavior  
(Part 1) Ears

- Ears Back

Room Behavior  
(Part 1) Mouth

- Lip Lick
- Soft Mouth Person
- Hard Mouth Person
- Grab Clothes
- Grab Leash
- Show Teeth
- Snap
- Inhibited Bite
- Uninhibited Bite

Room Behavior  
(Part 1)  
Vocalizations

- Whine
- Bark
- Growl

Room Behavior  
(Part 1)  
Comments/Other  
Behaviors Noted:

Characters left: 3000

**Recommendations**

Requires  
obedience  
training?

Ticking this box will require a obedience training deposit at time of adoption.

Adoption  
Recommendations:

[Insert Template](#)

Assessment:

Suitability With  
Children:

▼

Other:

Suitability for  
Older Persons

▼

Yard Size

▼

Overall Rating

▼

Passed For  
Rehoming:

# Finalized Animal Control Issue Summary

Job Num: 28090

Urgency: Priority

Date Received: 1-Jan-2021, 9:18:00 PM (21:18)

Officer Details: [REDACTED]

Officer Region: City South

Agency: **SCRAPS**

Animal Control Issue Codes

Emergency Call

Threats

[Hide / Show Owner Details](#)

<b>Owner Details</b>	
<b>Person ID:</b>	43508
<b>Name:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
<b>Address:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
<b>Phone:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
Mobile:	
Work:	
<b>Email Address:</b>	
<b>Person ID:</b>	43509
<b>Name:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
<b>Address:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
<b>Phone:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
Mobile:	
Work:	
<b>Email Address:</b>	

<b>Location Details</b>	
<b>Location:</b>	<span style="background-color: black; color: black;">[REDACTED]</span> SPOKANE WA 99223
<b>Location Notes:</b>	THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET.
1 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: [REDACTED]

Source: Password

Potential Violence: Unknown **Verbally Abusive:** Unknown

Potential Violence Details:

Other Comments / Notes:

Jan 1 2021 9:22PM dogs are fighting in home, cant break it up. AOs have both been bit and want dogs gone. LE on scene

**Complainant Observed Animals:** No

**Commercial Livestock:** No

**Inspection / Follow-up Notes**

**Animal Control Issue Completion Details**

**Afterhours** Yes

**Request** 1 X Job Completed

**Outcome**

**Notes** AOs wanted to sign the dogs over since the fighting is an ongoing problem. explained the dogs are their responsibility and that they both needed immediate medical attention, especially memphis. 654 transported the dogs to PEC for the AOs since they also required medical attention. all AO info and animal info was relayed to PEC. the AOs understood the dogs were their responsibility despite us helping w transportation. Epc would not see the dogs unless an owner was present

Animal ID	Class	Type	Breed	Shelter Tag	ACO Record #
28457 - Info Only	Domestic	Dog	Medium Mix		
28458 - Info Only	Domestic	Dog	Medium Mix		

### Finalized Animal Control Issue Summary

Job Num: 28094

Urgency: Priority

Date: 2-Jan-2021,  
Received: 10:18:00 AM  
(10:18)

Officer Details: [Redacted]

Officer Region: City South

Agency: SCRAPS

Animal Control Issue Codes

Bite

[Hide / Show Victim/Suspect Details](#)

**Victim/Suspect Details**

Person ID: 43508  
 Name: [Redacted]  
 Address: [Redacted]  
 Phone: [Redacted]  
 Mobile:  
 Work:

Email Address:

Person ID: 43509  
 Name: [Redacted]  
 Address: [Redacted]  
 Phone: [Redacted]  
 Mobile:  
 Work:

Email Address:

**Location Details**

Location: [Redacted] SPOKANE WA 99223

Location Notes:  
 THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET.

1 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: [Redacted]  
 Source: A P O  
 Police Case Number: 2021-0002  
 Potential Violence: Unknown      Verbally Abusive: Unknown  
 Potential Violence Details:  
 Other Comments / Notes:

Jan 1 2021 9:22PM      dogs are fighting in home, cant break it up. AOs have both been bit and want dogs gone. LE on scene

Jan 2 2021  
10:20AM

AOs were bit multiple times trying to separate their dogs during a fight

**Complainant Observed Animals:** No

**Commercial Livestock:** No

**Inspection / Follow-up Notes**

**Animal Control Issue Completion Details**

**Afterhours** No

**Request Outcome** 1 X Job Completed

**Outcome Notes** both bites are provoked due to the owners breaking up a fight between the two. ozzie was left at PEC and was picked up by us. will scan in report

Animal ID	Class	Type	Breed	Shelter Tag	ACO Record #
28457 - Info Only	Domestic	Dog	Medium Mix		
28458	Domestic	Dog	Medium Mix		



# Animal Bite Report Form

Bite Report No. 2021-0011  
Call ID 28298

THIS PAGE TO BE COMPLETED BY INVESTIGATING ANIMAL CONTROL AGENCY

**Complete and forward report to Spokane Regional Health District to evaluate risk of rabies transmission if biting animal is ill or DOA, if victim is severely injured, or if the answer to ANY of the following questions is YES or Unknown:**

- Yes  No  Unk Victim is severely injured (e.g., broken bones, disfigurement, requires sutures or surgery, multiple bites)  
If Yes, explain: \_\_\_\_\_
- Yes  No  Unk Biting animal has neurological symptoms (e.g., not eating/drinking, paralysis, etc.) or recent behavior change
- Yes  No  Unk Biting animal could be a stray (owner currently unknown)
- Yes  No  Unk Biting animal is a wild/feral animal
- Yes  No  Unk Biting animal is a domestic/wild animal hybrid (dom. dog/wolf or coyote hybrid, dom. cat/cougar hybrid, etc.)
- Yes  No  Unk Biting animal has traveled outside of WA, ID or OR within the last 6 months or is from outside of WA, ID or OR  
If Yes or Unk., explain: \_\_\_\_\_
- Yes  No  Unk There is evidence the biting animal had contact with a wild animal in the last 6 months (e.g., dead bat found, fight with raccoon, coyote) If YES or Unk., explain: \_\_\_\_\_

<b>VICTIM</b>	Today's Date: <u>1/8/2021</u> Reported by: <u>[REDACTED]</u> Phone: <u>[REDACTED]</u> Victim's Name: <u>[REDACTED]</u> DOB: <u>[REDACTED]</u> Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Victim's Address: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> Victim's Home Telephone: <u>[REDACTED]</u> Cell (Alternate): _____ Parent/Guardian Name: _____      Phone: _____ Skin broken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Bite <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> Scratch    Anatomical site: _____
<b>INCIDENT</b>	Date of Incident: <u>1/1/2021</u> Time of Incident: <u>9</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Incident Location: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> How did the bite occur? <u>Dog Fight</u> _____ _____
<b>BITING ANIMAL</b>	Animal Name: _____ <input checked="" type="checkbox"/> Domestic Dog <input type="checkbox"/> Domestic Cat <input type="checkbox"/> Other: _____ Size _____ Breed <u>Pitbull</u> Color _____ Sex _____ Age _____ Condition at time of incident: <input type="checkbox"/> Healthy <input type="checkbox"/> Appeared ill <input type="checkbox"/> Disabled <input type="checkbox"/> Unk. <input type="checkbox"/> Other: _____ Rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.    Expiration Date: _____ By what veterinarian? _____      Animal License #: _____ Where is animal confined? _____      Impound #: _____
<b>OWNER</b>	<input type="checkbox"/> STRAY    Animal Owner's Name: _____      DOB: _____ Animal Owner's Address: _____      Zip Code: _____ Animal Owner's Home Telephone: _____      Cell (Alternate): _____
<b>ANIMAL CONTROL</b>	Investigating Animal Control Agency: <u>SCRAPS</u> Phone: <u>509477-2532</u> Received by: <u>NY</u> Investigating Animal Control Personnel: _____ Was a copy of SRHD rabies information given to animal owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Date: _____ Notes: <u>Unable to mail out SRHD Rabies Info due to lack of Owner info.</u> _____ Date of initial fax to SRHD: _____      Date of final fax to SRHD: _____





# Animal Bite Report Form

Bite Report No. 2021-0002  
Call ID 28094

THIS PAGE TO BE COMPLETED BY INVESTIGATING ANIMAL CONTROL AGENCY

Complete and forward report to Spokane Regional Health District to evaluate risk of rabies transmission if biting animal is ill or DOA, if victim is severely injured, or if the answer to ANY of the following questions is YES or Unknown:

- Yes  No  Unk Victim is severely injured (e.g., broken bones, disfigurement, requires sutures or surgery, multiple bites)  
If Yes, explain: \_\_\_\_\_
- Yes  No  Unk Biting animal has neurological symptoms (e.g., not eating/drinking, paralysis, etc.) or recent behavior change
- Yes  No  Unk Biting animal could be a stray (owner currently unknown)
- Yes  No  Unk Biting animal is a wild/feral animal
- Yes  No  Unk Biting animal is a domestic/wild animal hybrid (dom. dog/wolf or coyote hybrid, dom. cat/cougar hybrid, etc.)
- Yes  No  Unk Biting animal has traveled outside of WA, ID or OR within the last 6 months or is from outside of WA, ID or OR  
If Yes or Unk., explain: \_\_\_\_\_
- Yes  No  Unk There is evidence the biting animal had contact with a wild animal in the last 6 months (e.g., dead bat found, fight with raccoon, coyote) If YES or Unk., explain: \_\_\_\_\_

**VICTIM**

Today's Date: 1/7/21 Reported by: APD Phone: \_\_\_\_\_

Victim's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Victim's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Victim's Home Telephone: \_\_\_\_\_ Cell (Alternate): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Skin broken?  Yes  No  Single Bite  Multiple  Scratch Anatomical site: Left forearm

**INCIDENT**

Date of Incident: 1/1/21 Time of Incident: 8:00  a.m.  p.m.

Incident Location: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did the bite occur? Breaking up a dog fight

**BITING ANIMAL**

Animal Name: Memphis  Domestic Dog  Domestic Cat  Other: \_\_\_\_\_

Size Medium Breed medium mix Color Black Sex M Age 10y

Condition at time of incident:  Healthy  Appeared ill  Disabled  Unk.  Other: Injured

Rabies vaccination?  Yes  No  Unk. Expiration Date: \_\_\_\_\_

By what veterinarian? \_\_\_\_\_ Animal License #: \_\_\_\_\_

Where is animal confined? \_\_\_\_\_ Impound #: \_\_\_\_\_

**OWNER**

STRAY Animal Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Animal Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Animal Owner's Home Telephone: \_\_\_\_\_ Cell (Alternate): \_\_\_\_\_

**ANIMAL CONTROL**

Investigating Animal Control Agency: SCRAPS Phone: 5094772532 Received by: SD

Investigating Animal Control Personnel: 657

Was a copy of SRHD rabies information given to animal owner?  Yes  No Date: 1/4/21

Notes: \_\_\_\_\_

Date of initial fax to SRHD: 1/4/21 Date of final fax to SRHD: \_\_\_\_\_

**Animal Bite Report Form**

Bite Report No. 2021-0007  
 Call ID 28094

**THIS PAGE TO BE COMPLETED BY INVESTIGATING ANIMAL CONTROL AGENCY**

Complete and forward report to Spokane Regional Health District to evaluate risk of rabies transmission if biting animal is ill or DOA, if victim is severely injured, or if the answer to ANY of the following questions is YES or Unknown:

- Yes  No  Unk Victim is severely injured (e.g., broken bones, disfigurement, requires sutures or surgery, multiple bites)  
 If Yes, explain: Multiple bites
- Yes  No  Unk Biting animal has neurological symptoms (e.g., not eating/drinking, paralysis, etc.) or recent behavior change
- Yes  No  Unk Biting animal could be a stray (owner currently unknown)
- Yes  No  Unk Biting animal is a wild/feral animal
- Yes  No  Unk Biting animal is a domestic/wild animal hybrid (dom. dog/wolf or coyote hybrid, dom. cat/cougar hybrid, etc.)
- Yes  No  Unk Biting animal has traveled outside of WA, ID or OR within the last 6 months or is from outside of WA, ID or OR  
 If Yes or Unk., explain: \_\_\_\_\_
- Yes  No  Unk There is evidence the biting animal had contact with a wild animal in the last 6 months (e.g., dead bat found, fight with raccoon, coyote) If YES or Unk., explain: \_\_\_\_\_

<b>VICTIM</b>	Today's Date: <u>1/2/2021</u> Reported by: <u>APD</u> Phone: _____
	Victim's Name: _____ DOB: _____ Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
	Victim's Address: _____ Zip Code: _____
	Victim's Home Telephone: _____ Cell (Alternate): _____
	Parent/Guardian Name: _____ Phone: _____
	Skin broken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Bite <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> Scratch Anatomical site: _____

<b>INCIDENT</b>	Date of Incident: <u>1/1/2021</u> Time of Incident: <u>8:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
	Incident Location: _____ Zip Code: <u>99223</u>
	How did the bite occur? <u>Breaking up dog fight</u>

<b>BITING ANIMAL</b>	Animal Name: <u>Memphis</u> <input checked="" type="checkbox"/> Domestic Dog <input type="checkbox"/> Domestic Cat <input type="checkbox"/> Other: _____
	Size <u>Medium</u> Breed <u>Medium mix</u> Color <u>Black</u> Sex <u>M</u> Age <u>10y</u>
	Condition at time of incident: <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Appeared ill <input type="checkbox"/> Disabled <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Other: <u>Injured</u>
	Rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. Expiration Date: _____
By what veterinarian? _____ Animal License #: _____	
Where is animal confined? _____ Impound #: _____	

<b>OWNER</b>	<input type="checkbox"/> STRAY Animal Owner's Name: _____ DOB: _____
	Animal Owner's Address: _____ Zip Code: _____
	Animal Owner's Home Telephone: _____ Cell (Alternate): _____

<b>ANIMAL CONTROL</b>	Investigating Animal Control Agency: <u>SCRAPS</u> Phone: <u>509 477 2532</u> Received by: <u>SD</u>
	Investigating Animal Control Personnel: <u>657</u>
	Was a copy of SRHD rabies information given to animal owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>1/4/21</u>
	Notes: _____
Date of initial fax to SRHD: <u>1/4/21</u> Date of final fax to SRHD: _____	

**Animal Bite Report Form**

Bite Report No. 2021-0002  
 Call ID 78094

**THIS PAGE TO BE COMPLETED BY INVESTIGATING ANIMAL CONTROL AGENCY**

Complete and forward report to Spokane Regional Health District to evaluate risk of rabies transmission if biting animal is ill or DOA, if victim is severely injured, or if the answer to ANY of the following questions is YES or Unknown:

- Yes  No  Unk Victim is severely injured (e.g., broken bones, disfigurement, requires sutures or surgery, multiple bites) If Yes, explain: \_\_\_\_\_
- Yes  No  Unk Biting animal has neurological symptoms (e.g., not eating/drinking, paralysis, etc.) or recent behavior change
- Yes  No  Unk Biting animal could be a stray (owner currently unknown)
- Yes  No  Unk Biting animal is a wild/feral animal
- Yes  No  Unk Biting animal is a domestic/wild animal hybrid (dom. dog/wolf or coyote hybrid, dom. cat/cougar hybrid, etc.)
- Yes  No  Unk Biting animal has traveled outside of WA, ID or OR within the last 6 months or is from outside of WA, ID or OR If Yes or Unk., explain: \_\_\_\_\_
- Yes  No  Unk There is evidence the biting animal had contact with a wild animal in the last 6 months (e.g., dead bat found, fight with raccoon, coyote) If YES or Unk., explain: \_\_\_\_\_

<b>VICTIM</b>	Today's Date: <u>1/2/2021</u> Reported by: <u>APD</u> Phone: _____ Victim's Name: _____ DOB: _____ Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Victim's Address: _____ Zip Code: _____ Victim's Home Telephone: _____ Cell (Alternate): _____ Parent/Guardian Name: _____ Phone: _____ Skin broken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Bite <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> Scratch Anatomical site: <u>Left forearm</u>
<b>INCIDENT</b>	Date of Incident: <u>1/1/2021</u> Time of Incident: <u>6:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Incident Location: _____ Zip Code: _____ How did the bite occur? <u>Breaking up dog fight</u>
<b>BITING ANIMAL</b>	Animal Name: <u>OZZIE</u> <input checked="" type="checkbox"/> Domestic Dog <input type="checkbox"/> Domestic Cat <input type="checkbox"/> Other: _____ Size <u>medium</u> Breed <u>medium mix</u> Color <u>Tan</u> Sex <u>M</u> Age <u>1y</u> Condition at time of incident: <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Appeared ill <input type="checkbox"/> Disabled <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Other: <u>Injured</u> Rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. Expiration Date: _____ By what veterinarian? _____ Animal License #: _____ Where is animal confined? <u>6815 E Trent Ave</u> Impound #: <u>28458</u>
<b>OWNER</b>	<input type="checkbox"/> STRAY Animal Owner's Name: _____ DOB: _____ Animal Owner's Address: _____ Zip Code: _____ Animal Owner's Home Telephone: _____ Cell (Alternate): _____
<b>ANIMAL CONTROL</b>	Investigating Animal Control Agency: <u>SCRAPS</u> Phone: <u>5094772532</u> Received by: <u>SD</u> Investigating Animal Control Personnel: <u>657</u> Was a copy of SRHD rabies information given to animal owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>1/4/21</u> Notes: _____ Date of initial fax to SRHD: <u>1/4/21</u> Date of final fax to SRHD: _____

**Animal Bite Report Form**

Bite Report No. 2021-0002  
 Call ID 28094

**THIS PAGE TO BE COMPLETED BY INVESTIGATING ANIMAL CONTROL AGENCY**

Complete and forward report to Spokane Regional Health District to evaluate risk of rabies transmission if biting animal is ill or DOA, if victim is severely injured, or if the answer to ANY of the following questions is YES or Unknown:

- Yes  No  Unk Victim is severely injured (e.g., broken bones, disfigurement, requires sutures or surgery, multiple bites) If Yes, explain: \_\_\_\_\_
- Yes  No  Unk Biting animal has neurological symptoms (e.g., not eating/drinking, paralysis, etc.) or recent behavior change
- Yes  No  Unk Biting animal could be a stray (owner currently unknown)
- Yes  No  Unk Biting animal is a wild/feral animal
- Yes  No  Unk Biting animal is a domestic/wild animal hybrid (dom. dog/wolf or coyote hybrid, dom. cat/cougar hybrid, etc.)
- Yes  No  Unk Biting animal has traveled outside of WA, ID or OR within the last 6 months or is from outside of WA, ID or OR If Yes or Unk., explain: \_\_\_\_\_
- Yes  No  Unk There is evidence the biting animal had contact with a wild animal in the last 6 months (e.g., dead bat found, fight with raccoon, coyote) If YES or Unk., explain: \_\_\_\_\_

<b>VICTIM</b>	Today's Date: <u>1/2/2021</u> Reported by: <u>APD</u> Phone: <u>[REDACTED]</u> Victim's Name: <u>[REDACTED]</u> DOB: _____ Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F Victim's Address: <u>[REDACTED]</u> Zip Code: <u>99223</u> Victim's Home Telephone: <u>[REDACTED]</u> Cell (Alternate): _____ Parent/Guardian Name: _____ Phone: _____ Skin broken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Bite <input checked="" type="checkbox"/> Multiple <input type="checkbox"/> Scratch Anatomical site: _____
<b>INCIDENT</b>	Date of Incident: <u>1/1/2021</u> Time of Incident: <u>8:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Incident Location: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> How did the bite occur? <u>Breaking up 2 dog fight</u>
<b>BITING ANIMAL</b>	Animal Name: <u>Ozzie</u> <input checked="" type="checkbox"/> Domestic Dog <input type="checkbox"/> Domestic Cat <input type="checkbox"/> Other: <u>[REDACTED]</u> Size <u>medium</u> Breed <u>medium mix</u> Color <u>Tan</u> Sex <u>M</u> Age <u>1y</u> Condition at time of incident: <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Appeared ill <input type="checkbox"/> Disabled <input type="checkbox"/> Unk. <input checked="" type="checkbox"/> Other: <u>Injured</u> Rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. Expiration Date: _____ By what veterinarian? _____ Animal License #: _____ Where is animal confined? <u>6815 E Trent Ave</u> Impound #: <u>28458</u>
<b>OWNER</b>	<input type="checkbox"/> STRAY Animal Owner's Name: <u>[REDACTED]</u> DOB: _____ Animal Owner's Address: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> Animal Owner's Home Telephone: <u>[REDACTED]</u> Cell (Alternate): _____
<b>ANIMAL CONTROL</b>	Investigating Animal Control Agency: <u>SCRAPS</u> Phone: <u>509 477 2532</u> Received by: <u>SD</u> Investigating Animal Control Personnel: <u>657</u> Was a copy of SRHD rabies information given to animal owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <u>1/4/21</u> Notes: _____ Date of initial fax to SRHD: <u>1/4/21</u> Date of final fax to SRHD: _____

# Finalized Animal Control Issue Summary

Job Num: 28094

Urgency: Priority

Date: 2-Jan-2021,

Received: 10:18:00 AM (10:18)

Officer Details: Shelby [REDACTED]

Officer Region: City South

## Agency: SCRAPS

### Animal Control Issue Codes

Bite

[Hide / Show Victim/Suspect Details](#)

Victim/Suspect Details	
Person ID:	43508
Name:	[REDACTED]
Address:	[REDACTED]
Phone:	[REDACTED]
Email Address:	
Person ID:	43509
Name:	[REDACTED]
Address:	[REDACTED]
Phone:	[REDACTED]
Email Address:	

Location Details	
Location:	[REDACTED] SPOKANE WA 99223
Location Notes:	THERE HAVE BEEN PREVIOUS DISPATCH REQUESTS ON THIS STREET.
1 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: [REDACTED]  
Source: A P O  
Police Case Number: 2021-0002  
Potential Violence: Unknown      Verbally Abusive: Unknown  
Potential Violence Details:  
Other Comments / Notes:

Jan 1 2021      dogs are fighting in home, cant break it up. AOs have both been bit and want dogs

9:22PM

gone. LE on scene

Jan 2 2021

AOs were bit multiple times trying to separate their dogs during a fight

10:20AM

**Complainant Observed Animals:** No

**Commercial Livestock:** No

**Inspection / Follow-up Notes**

**Animal Control Issue Completion Details**

**Afterhours** No

**Request Outcome** 1 X Job Completed

**Outcome Notes** both bites are provoked due to the owners breaking up a fight between the two. ozzie was left at PEC and was picked up by us. will scan in report

Animal ID	Class	Type	Breed	Shelter Tag	ACO Record #
28457 - Info Only	Domestic	Dog	Medium Mix		
28458	Domestic	Dog	Medium Mix		

## Discharge Instructions for January 2, 2021

### Client Details

**Name** [REDACTED] **Phone** [REDACTED]  
**Address** [REDACTED]

### Patient Details

**Name** Ozzy **Age** 1 year  
**Species** Canine **Sex** Male  
**Breed** Mixed Breed dog

Ozzy presented to Pet Emergency & Referral Center for dog fight wounds. Ozzy has been aggressive and minimal treatments have been performed. He has been started on oral antibiotics and pain medications.

**Diagnosis:** Bite wounds

**Diagnostic testing:** None performed

**Treatments performed:** Oral pain and antibiotic medications

### Recommendations:

Diet: normal diet

Activity: Limit activity

Monitoring: Vomiting, lethargy, signs of infection around wounds

### Medications:

Date/Time	Drug Name	Quantity	Instructions	Dispensed
01-02-2021	Gabapentin 300mg (Per Capsule)	21	GIVE 1 CAPSULE BY MOUTH EVERY 8-12 HOURS AS NEEDED FOR PAIN. MAY CAUSE SEDATION. MEG DVM.	21
01-02-2021	Amoxi/Clavu 375mg (Per Tablet)	14	GIVE 1 TABLET BY MOUTH EVERY 12 HOURS. ANTIBIOTIC. MEG DVM.	14

### Prognosis:

Fair

**Follow-up/Recheck:** With your regular veterinarian as needed

Thank you for trusting us with the care of Ozzy.

Sincerely,

[REDACTED]

If you have any questions regarding Ozzy, please feel free to call us at 509-326-6670. We are available 24 hours, 7 days a week, 365 days a year. Thank you for trusting us with the care of Ozzy. We appreciate your confidence in our doctors and staff.

If radiographs have been taken of , they will be reviewed by a board certified veterinary radiologist. Please consult your regular veterinarian for radiographic results.



## Windows Printer Test Page

You have correctly installed your Canon Generic Plus PCL6 on SCRAPSOFFICER8.

### PRINTER PROPERTIES

Submitted Time: 2:28:38 PM  
Date: 9/28/2023  
User Name: GALACTIC [REDACTED]  
Computer Name: SCRAPSOFFICER8  
Printer Name: Canon Printer Upstairs  
Printer Model: Canon Generic Plus PCL6  
Color Support: Yes  
Port Name(s): 172.29.168.133  
Data Format: RAW  
Printer Location:  
Print Processor: CnXPOP  
Comment:  
OS Environment: Windows x64

### PRINT DRIVER PROPERTIES

Driver Name: Canon Generic Plus PCL6  
Driver Type: Type 3 - User Mode  
Driver Version: 2.40.0.0

### ADDITIONAL PRINT DRIVER FILES

C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60neutral\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60en-US\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60ar-SA\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60eu-ES\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60ca-ES\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60cs-CZ\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60da-DK\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60nl-NL\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60fi-FI\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60fr-FR\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60de-DE\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60hu-HU\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60it-IT\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60ko-KR\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60ms-MY\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60nb-NO\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60pl-PL\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60pt\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60ru-RU\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60zh-CN\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60zh-TW\_D69BE.DLL  
C:\WINDOWS\system32\spool\DRIVERS\x64\3\Cnp60sk-SK\_D69BE.DLL

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The Spokane County Regional Animal Protection Service  
 6815 E. Trent Avenue  
 Spokane Valley, WA 99212  
 509-477-2532

**RABIES CERTIFICATE**

**Animal Details**

**Animal ID:** 28458  
**Name:** Nezy  
**Type:** Dog  
**Breed:** Medium Mix  
**Mixed:** Yes  
**Color(1):** Tan  
**Gender:** Male  
**Spayed / Neutered:** Yes  
**Age:** 1 Year 3 Months 3 Weeks  
**Primary Microchip Brand:** Home Again  
**Primary Microchip #:** [REDACTED]  
**Weight:** 65 lbs 12.8 oz

This is to confirm that our records show that the animal described above has been spay/neutered and has had the following vaccinations and treatments:

Vet Treatment Type	Date Given	Manufacturer	Type	Lot #	Expiration Date	Route Of Admin	Result	Vet	License #
1 Rabies - 1 yr	27-Apr-2021	Zoetis	Killed	428369	23-Nov-2021	SQ		Beth O'Keeffe	VT60587583

Vet Treatment Type	Due Date
1 Rabies - 3 yr	27-Apr-2022

Veterinarian's Signature: Beth O'Keeffe DVM Date: 4/27/2021

Name/Imp # 28458 Ozzie

Date: 1/3/21

Description of Pet: Med. Mix, Tan, NM

Special Diet: Feed Cup(s) x Daily Special Brand

Medical Tracking:

Legend: \*= Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓=Decrease ↑=Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
KA	3/6	N	N	N	N		PM Scoop (N) KA
M	3/7	N	N	N	N		
KA	3/8	N	N	N	N		PM Scoop (A/soft) KA
M	3/9	N	N	N	N		
M	3/10	N	N	N	N		
M	3/11	N	N	N	N		
PR	3/11	N	N	N	N		
M	3/13	N	N	N	N		PM Scoop N
PM	3-14	N	N	N	N-L		2nd N
M	3/13	N	N	N	N		2nd Scoop (N)
M	3/16	N	N	on bed	N		2nd Scoop (N/soft)
KA	3/17	N	N	N	N		2nd Scoop (N) KA
KA	3/18	N	N	N	N		
CR	3/19	N	N	N	N		PM Scoop (N) KA
PM	3-20	N	N	N	N		PM Scoop N
PM	3-21	N	N	N	N	AM Scoop	PM Scoop N
M	3/22	N	N	N	N		
M	3/23	N	N	N	N	AM Scoop	PM Scoop N
KA	3/24	N	N	N	N		
KA	3/25	N	N	N	N		
KA	3/26	N	N	N	N		
KA	3/27	N	N	N	N		
PM	3-28	N	N	N	N		
M	3/29	N	N	N	N		
M	3/30	N	N	N	N		2nd (N)
KA	4/1	N	N	N	N		2nd Scoop (soft) KA
KA	4/1	N	N	N	N		PM Scoop (soft) KA
M	4/2	N	N	N	N		
M	4/3	N	N	N	N		
M	4/4	N	N	N	N		2nd Scoop (N)
M	4/5	N	N	N	N		

Notes:  
 \* No Blankets - Eats / shreds them \*

Name/Imp # 28458

Date: 4/6/21

Description of Pet:

UM, Toy, Med Mid

Special Diet: Feed \_\_\_\_\_ Cw(s) \_\_\_\_\_ x Daily \_\_\_\_\_ Special Brand \_\_\_\_\_

Medical Tracking

Legend: \* = Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓=Decrease ↑=Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes
W	4/6	N	N	N	N		2nd scoop (N)
L	4/7	N	N	N	N		
L	4/8	N	N	N	N		PM scoop (N) KA
KA	4/9	N	N	N	N		2nd scoop (N) KA
CA	4/10	N	N	N	N		
L	4/11	N	N	N	N		
W	4/12	N	N	N	N		
W	4/13	N	N	N	N		2nd scoop (N)
W	4/14	N	N	N	N		
BA	4/15	N	N	N	N		
L	4/16	N	N	N	N		
L	4/17	N	N	N	N		
L	4/18	N	N	N	N		2nd scoop (S/L)
L	4/19	N	N	N	N	PM scoop N=L	2nd scoop (N)
W	4/20	N	N	N	N		
W	4/21	N	N	N	N		
P	4/22	N	N	N	N		
BA	4/23	N	N	N	N		
KA	4/24	N	N	N	N		
KA	4/25	N	N	N	N		
L	4/26	N	N	N	N		
L	4/27	N	N	N	N		
KA	4/28	N	N	N	N		
KA	4/29	N	N	N	N		
W	4/30	N	N	N	N		
KA	5/1	N	N	N	N		
W	5/3	N	N	N	N		
L	5/4	N	N	N	N		
BA	5/5	N	N	N	N		
KA	5/6	N	N	N	N		

Notes:

Name/Imp # 28458

Date: 5/7/21

Description of Pet:

Special Diet: Feed Cup(s) x Daily Special Brand

Medical Tracking:

Legend: \*= Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓=Decrease ↑=Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
BR	5/7	N	N	N	N		
BR	5/8	N	N	N	N		
BR	5/9	N	N	N	N		
BR	5/10	N	N	N	N		
BR	5/11	N	N	N	N		
BR	5/12	N	N	N	N		
BR	5/13	N	N	N	N		
BR	5/14	N	N	N	N		
BR	5/15	N	N	N	N		
BR	5/15			N	N		
BR	5/16	N	N	N	N		
BR	5/17	N	N	N	N		
BR	5/19	N	N	N	N		
BR	5/20	N	N	N	N		
BR	5/21	N	N	N	N		
BR	5/22	N	N	N	N		
BR	5/23	N	N	N	N		
BR	5/24	N	N	N	N		
BR	5/25	N	N	N	N		Happy Tail
BR	5/26	N	N	N	N		
BR	5/27	N	N	N	N		
BR	5/28	N	N	N	N	?	Shredded Blanket
BR	5/29	N	N	N	N		
BR	6/30	N	N	N	N		
BR	6/31	N	N	N	N		
BR	6/1	N	N	N	N		
BR	6/2	N	N	N	N		
BR	6/3	N	N	N	N		
BR	6/3	N	N	N	N		
BR	6/4	N	N	N	N		
BR	6/4	N	N	N	N		

Notes:

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Name/Imo # 28458 Date: 1-3-21  
 Description of Pet: Med X Tan NM  
 Special Diet: Feed \_\_\_\_\_ Cup(s) \_\_\_\_\_ x Daily \_\_\_\_\_ Special Brand \_\_\_\_\_

**Medical Tracking:**

Legend: \* = Bath given N = Normal A = Abnormal D = Diarrhea L = Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
W	6/5	N	N	N	N		
W	6/6	N	N	N	N		
Joe	6/6	-	-	N	N		
W	6/7	N	N	N	N		
W	6/8	N	N	N (small)	N		
W	6/9	N	N	N	N		
W	6/10	-	-	N	N		
KA	6/11	N	N	N	N		
MP	6/11	N	N	N	N		
W	6/12	N	N	N	N		
W	6/13	N	N	N	N		
W	6/14	N	N	N	N		
Joe	6/14	-	-	N	N		
W	6/15	N	N	N (small)	N		Shredded Blanket
W	6/16	N	N	N	N		
W	6/17	N	N	N	N		
W	6/18	N	N	N	N		
MP	6/18	N	N	N	N		
W	6/19	N	N	N	N		
W	6/19	N	N	N	N		
W	6/20	N	N	N	N		
W	6/21	N	N	N	N		
W	6/22	N	N	N	N		Shredded Blanket
W	6/23	N	N	N	N		
Joe	6/23	-	-	N	N		
W	6/24	N	N	N	N		
W	6/25	N	N	N	N		
MP	6/25	N	N	N	N		
W	6/26	N	N	N	N		
W	6/27	N	N	N	N		
W	6/28	N	N	N	N		

Notes:  
 6/28 N N N N

Name/Imp # 28458

Date: 1-3-21

Description of Pet:

mix Tan NM

Special Diet: Feed

Cup(s)

x Daily

Special Brand

Medical Tracking:

Legend: \* = Bath given N = Normal A = Abnormal D = Diarrhea L = Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
W	6/29	N	N	N	N		
JS	6/30	N	N	N	N		
JS	7/1	N	N	N	N		
JS	7/2	N	N	N	N		
MP	7/3	N	N	N	N		
JS	7/3	N	N	N	N		
JS	7/4	N	N	N	N		
W	7/5	N	N	N	N		
W	7/6	N	N	N	N		
BA	7/7	N	N	N	N		
JS	7/8	N	N	N	N		
JS	7/9	N	N	N	N		
JS	7/10	N	N	N	N		
JS	7/11	N	N	N	N		
W	7/12	N	N	N	N		
L	7/13	N	N	N	N		
JS	7/14	N	N	N	N		
JS	7/15	N	N	N	N		
JS	7/16	N	N	N	N		
MP	7/17	N	N	N	N		
W	7/17	N	N	N	N		
JS	7/18	N	N	N	N		
W	7/19	N	N	N	N		
L	7/20	N	N	N	N		
W	7/21	N	N	N	N		
W	7/22	N	N	N	N		
W	7/23	N	N	N	N		
MP	7/23	N	N	N	N		
JS	7/24	N	N	N	N		
JS	7/25	N	N	N	N		
W	7/26	N	N	N	N		
Notes:	7/27	N	N	N	N		
JS	7/28	N	N	N	N		
JS	7/29	N	N	N	N		

Name/Imp # 28458

Date: 1/3/21

Description of Pet: ~~Female~~ male tan med

Special Diet: Feed Cup(s) x Daily Special Brand

Medical Tracking:

Legend: \* = Bath given N = Normal, A = Abnormal D = Diarrhea L = Loose ↓ = Decrease, ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
J.S	7/30	N	N	N	N		
MP	7/30	N	N	N	N		
J.S	7/31	N	N	N	N		
Joe	8/1	-	-	-	-		
J.S	8/1	N	N	N	N		
MP	8/01	N	N	N	N		
L	8/2	N	N	N	N		
Joe	8/3	-	-	N	N		
J.S	8/4	N	N	N	N		
J.S	8/5	N	N	N	N		
MP	8/06	N	N	N	N		
J.S	8/7	N	N	N	N		
L	8/9	N	N	N	N		
J.S	8/10	N	N	N	N		
J.S	8/11	N	N	N	N		
J.S	8/12	N	N	N	N		
J.S	8/13	N	N	N	N		
MP	8/13	N	N	N	N		
J.S	8/14	N	N	N	N		
L	8/14	N	N	N	N		
W	8/17	N	N	N	N		
J.S	8/18	N	N	N	N		
J.S	8/19	N	N	N	N		
J.S	8/20	N	N	N	N		
J.S	8/21	N	N	N	N		
Kel	8/21	N	N	N	N		
W	8/21	N	N	N	N		
W	8/23	N	N	N	N		
W	8/24	N	N	N	N		
W	8/25	N	N	N	N		
Notes:	8/26	N	N	N	N		
Joe	8/27	-	-	N	N		
J.S	8/27	N	N	N	N		
J	8/28	N	N	N	N		
L	8/29	N	N	N	N		
W	8/30	N	N	N	N		

Name/Imp # 28458

Date: 8/13/21

Description of Pet:

NM, Tan, Med Mix

Special Diet: Feed

Cup(s)

x Daily

Special Brand

Medical Tracking:

Legend: \*= Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓= Decrease ↑= Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
W	8/31	N	N	N	N		
Joe	9/1	-	N	N	N		
JS	9/1	N	N	N	N		
Joe	9/2	-	-	N	N		
Joe	9/3	-	-	N	N		
L	9/3	N	N	N	N		
MP	9/3	N	N	N	N		
JL	9/4	N	N	N	N		
L	9/4	N	N	N	N		
Joe	9/5	-	-	N	N		
JS	9/5	-	-	N	N		
MM	9/7	N	N	N	N		
W	9/8	N	N	N	N		
W	9/9	N	N	N	N		
W	9/10	N	N	N	N	Soft	
MP	9/10	N	N	N	N		
ES	9/11	N	N	N	N		
JS	9/11	N	N	N	N		
JS	9/12	N	N	N	N		
ES	9/12	-	-	N	N		loose stool
W	9/13	N	N	N	N		
W	9/14	N	N	N	N		Shredded Breakfast
JS	9/17	N	N	N	N		
ES	9/17	N	N	N	N		
JS	9/18	N	N	N	N		
ES	9/18	N	N	N	N		
JS	9/17	N	N	N	N		
CS	9/19	N	N	N	N		
L	9/20	N	N	N	N		
MM	9/21	N	N	N	N		shredded blanket
JS	9/22	N	N	N	N		
Notes: S	9/23	N	N	N	N		
JS	9/24	N	N	N	N		
Joe	9/24	-	-	N	N		
ES	9/24	-	-	N	N		
JS	9/25	N	N	N	N		
ES	9/25	N	N	N	N		runny nose



Name/Imo # 28458 Nezzzy Date: 8/31/21  
 Description of Pet: (NM) Tan - med  
 Special Diet: Feed \_\_\_\_\_ Cup(s) \_\_\_\_\_ x Daily \_\_\_\_\_ Special Brand \_\_\_\_\_

**Medical Tracking:**

Legend: \* = Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst	Urination/Defecation	Thirst (PM)	Notes:
DS	9/26	N	N	N	
ES	9/26	N	N	N	
LN	9/27	N	N	N	
Soe	9/27	N	N	N	
W	9/28	N	N	N	Great sleep (Soe) BS
DS	9/29	N	N	N	
DS	9/30	N	N	N	
N	10/1	N	N	N	
MP	10/1	N	N	N	
JS	10/2	N	N	N	
FR	10/2	N	N	N	
R	10/3	N	N	N	
DS	10/3	N	N	N	
<b>MM</b>	<b>10/4</b>	<b>N</b>	<b>N</b>	<b>N</b>	
MM	10/5	N	N	N	
DS	10/6	N	N	N	
DS	10/7	N	N	N	
LN	10/8	N	N	N	
MP	10/8	N	N	N	
ES	10/9	N	N	N	
N	10/10	N	N	N	
MM	10/10	N	N	N	
<b>MM</b>	<b>10/11</b>	<b>N</b>	<b>N</b>	<b>N</b>	
MM	10/12	N	N	N	
DS	10/13	N	N	N	
ES	10/14	N	N	N	
DS	10/16	N	N	N	
DS	10/17	N	N	N	
ES	10/17	N	N	N	
W	10/18	N	N	N	
MM	10/19	N	N	N	
DS	10/28	N	N	N	

Notes: **★ NO Blankets ★**

Name/Imp # 28458 Nezzzy

Date: \_\_\_\_\_

Description of Pet: \_\_\_\_\_

Special Diet: Feed \_\_\_\_\_

Cup(s) \_\_\_\_\_

x Daily \_\_\_\_\_

Special Brand \_\_\_\_\_

Medical Tracking:

Legend: \* = Bath given N = Normal A = Abnormal D = Diarrhea L = Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
JS	10/22	N	N	N	N		
MP	10/22	N	N	N	N		
JS	10/23	N	N	N	N		
ES	10/23	-	-	N	N		
B	10/24	-	-	N	N		
MM	10/25	N	N	N	N		
MM	10/26	N	N	N	N		
JS	10/27	N	N	N	N		
JS	10/28	N	N	N	N		
JS	10/29	N	N	N	N		
ES	10/30	N	N	N	N		
JS	10/31	N	N	N	N		
JS	10/31	N	N	N	N		
ES	10/31	-	-	N	N		
KS	11/1	N	N	N	N		
MM	11/2	N	N	N	N		
KS	11/3	N	N	N	N		2nd Sigmoid (N) KS
KS	11/4	N	N	N	N		
MM	11/5	N	N	N	N		
MP	11/6	N	N	N	N		
JS	11/6	N	N	N	N		
ES	11/6	N	N	N	N		
JS	11/7	N	N	N	N		
MP	11/7	N	N	N	N		
W	11/8	N	N	N	N		
W	11/8	N	N	N	N		
KS	11/10	N	N	N	N		
MP	11/12	N	N	N	N		
JS	11/12	N	N	N	N		
ES	11/13	-	-	N	N		
JS	11/13	N	N	N	N		
MP	11/14	N	N	N	N		
W	11/15	N	N	N	N		
MM	11/16	N	N	N	N		

Notes: MP 11/14

**\* NO BLANKETS \***

MM 11/16 N N N N

NEZZY 28458

# Canine Medical/Behavioral Notes



## Special Food/Treats/Toys/Blankets Approved:

~~cat~~

## Behavior Notes:

move quickly when getting out

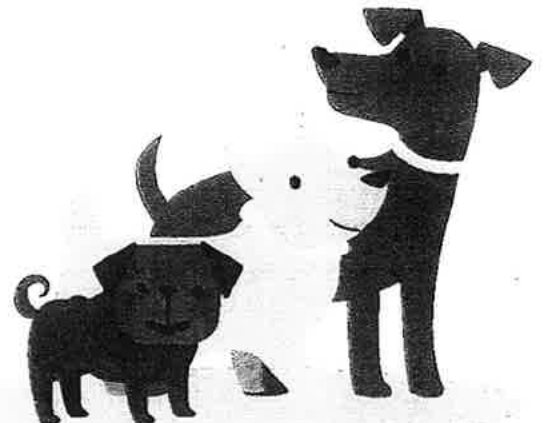
No direct eye contact

CAN GET JUMPY + MOUTHY when playing - Joe 8/3/21  
got slightly aggressive with my JEANS AND  
BOOTS when excited - Joe 9/5/21

## Medications:

## Additional/General Notes:

Please date your entry and initial after your entry.



Name/Imp # 2458 02212

Date: 1-3-21

Description of Pet:

Med mix Tan, NM

Special Diet: Feed

Cup(s)

x Daily

Special Brand

Medical Tracking:

Legend: \* = Bath given N=Normal A=Abnormal D=Diarrhea L=Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
<del>KA</del>	2-3	N	N	N	N		
<del>KA</del>	2-4	N	N	N	N		
KA	2/5	N	N	N	N		
KA	2/6	N	N	N	N		
KA	2/7	N	N	N	N		
IM	2-8	N	N	N	N		
KA	2/10	N	N	N	N		PM Scoop N
KA	2/11	N	N	N	N		
KA	2/12	N	N	N	N		
KA	2/13	N	N	N	N		PM Scoop N
IM	2/14	N	N	N	N		
KA	2/15	N	N	N	N		
KA	2/16	N	N	N	N		
KA	2/17	N	N	N	N		PM Scoop (N) KA
KA	2/18	N	N	N	N		PM Scoop (N) KA
IM	2/19	N	N	N	N		PM Scoop (N) KA
IM	2/20	N	N	N	N		PM Scoop (N) KA
IM	2-21	N	N	N	N		PM Scoop (N) KA
IM	2-22	N	N	N	N		
IM	2-23	N	N	N	N		PM Scoop N-L
KA	2-24	N	N	N	N		PM Scoop (N) KA
KA	2/25	N	N	N	N		
IM	2/26	N	N	N	N		
IM	2-27	N	N	N	N		2nd Scoop N
IM	2-28	N	N	N	N		
IM	3-1	N	N	N	N		PM Scoop N-L
IM	3-2	N	N	N	L-D		PM Scoop L
KA	3/3	N	N	N	N		
KA	3/4	N	N	N	N		2nd Scoop (N)
KA	3/5	N	N	N	N		

Notes:

\* \* Fats blankets \* \*

Name/Impo # **28458**

Date: **1/3/21**

Description of Pet: **Tan N. MALE Medium**

Special Diet: Feed Cup(s) x Daily Special Brand

**Medical Tracking:**

Legend: \* = Bath given N = Normal A = Abnormal D = Diarrhea L = Loose ↓ = Decrease ↑ = Increase

Initials	Date	Appetite/Thirst		Urination/Defecation		Thirst (PM)	Notes:
JS	1/3	N	N	N	N		
W	1/4	1/2	N	on back	-		
W	1/5	N.b	N	N	N		
KA	1/6	N	N	N	N		
KA	1/7	N	N	N	N		
KA	1/8	N	N	N	N		
JM	1-9	N	N	N	N		
W	1/10	N	N	N	N		
JM	1-11	N	N	N	N-L		
JM	1-12	N	N	N	N-L		
KA	1/13	N	N	N	N		
KA	1/14	N	N	N	N		
JS	1/15	N	N	N	N		
JS	1/16	N	N	N	N		
W	1/17	N	N	N	N		
W	1/18	N	N	N	N/S		
BH	1/19	N	N	N	L		
JS	1/20	N	N	N	N		
JS	1/21	N	N	N	N		
JS	1/22	N	N	N	N		
JS	1/23	N	N	N	N		
JS	1/24	N	N	N	N		EATING POOP ?
JM	1-25	N	N	N	N		
W	1-26	N	N	N	N		
JS	1/27	N	N	N	N		
W	1/28	N	N	N	N		
W	1/29	N	N	N	N		
W	1/30	N	N	N	N		
JM	1-31	N	N	N	N		
W	2/1	N	N	N	N		
W	2/2	N	N	N	N		

Notes:

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**Pet Emergency Clinic & Referral Center**  
 21 East Mission Avenue  
 Spokane, Washington, 99202  
 Ph: 509-326-6670  
 Fax: 509-326-7213  
 Email: referral@pecrcspokane.com

## Discharge Instructions for January 2, 2021

### Client Details

Name  
Address



Phone



### Patient Details

Name Ozzy  
 Species Canine  
 Breed Mixed Breed dog  
 Age 1 year  
 Sex Male

Ozzy presented to Pet Emergency & Referral Center for dog fight wounds. Ozzy has been aggressive and minimal treatments have been performed. He has been started on oral antibiotics and pain medications.

**Diagnosis:** Bite wounds

**Diagnostic testing:** None performed

**Treatments performed:** Oral pain and antibiotic medications

### Recommendations:

Diet: normal diet

Activity: Limit activity

Monitoring: Vomiting, lethargy, signs of infection around wounds

### Medications:

Date/Time	Drug Name	Quantity	Instructions	Dispensed
01-02-2021	Gabapentin 300mg (Per Capsule)	21	GIVE 1 CAPSULE BY MOUTH EVERY 8-12 HOURS AS NEEDED FOR PAIN. MAY CAUSE SEDATION. MEG DVM.	21
01-02-2021	Amoxi/Clavu 375mg (Per Tablet)	14	GIVE 1 TABLET BY MOUTH EVERY 12 HOURS. ANTIBIOTIC. MEG DVM.	14

### Prognosis:

Fair

**Follow-up/Recheck:** With your regular veterinarian as needed

Thank you for trusting us with the care of Ozzy.

Sincerely,



If you have any questions regarding Ozzy, please feel free to call us at 509-326-6670. We are available 24 hours, 7 days a week, 365 days a year. Thank you for trusting us with the care of Ozzy. We appreciate your confidence in our doctors and staff.

If radiographs have been taken of , they will be reviewed by a board certified veterinary radiologist. Please consult your regular veterinarian for radiographic results.

The Furry Farm Rescue, Inc  
PO Box 394  
Rathdrum ID 83858  
208.755.0879  
[ffr@thefurryfarmrescue.org](mailto:ffr@thefurryfarmrescue.org)  
[www.thefurryfarmrescue.org](http://www.thefurryfarmrescue.org)



May 26, 2023  
RE: Nezy Evaluation


Dear Beth, Thanks for having us come evaluate Nezy and other dogs in need at SCRAPS. Our mission is to support you with dogs that need critical care or extra help with placement, and Nezy certainly fell into that description. Unfortunately, we cannot bring him into our program.

We initially observed Nezy back in March, during a multi dog evaluation request from ACOs. While he did not appear to be a danger to humans, he did present dis-engaged and detached. Gathering his attention was a struggle, and asking him to do uncomfortable changes or breaking out of his habit was a bit overwhelming for him. We did not test with other dogs at that time.

I did receive updates from SCRAPS volunteers and employees that they tested him with a female dog and he did well. Upon that information I decided to come back and test him again and really look for connection potential. While he tested neutral with Prue on May 25<sup>th</sup>, he really had no interest in her or the humans present. I was unable to present to him and leash up in his kennel. He did leash up with treat motivators. He is willing to take high value treats, but offers no eye contact. His body language presents stoic and reserved, and while he may do well in a long term foster that can work on his issues he is certainly not a good candidate for general population adoptions. At this time Furry Farm is not accepting sanctuary behavior case dogs due to my travel, and he would fall into that category. My findings from our evaluations is that Nezy is detached from humans, which makes him very hard to place into a family/home environment.

We are prioritizing helping local shelter dogs, especially any in need of medical help that can be placed into adoptive homes. Our focus is to aid SCRAPS and Post Falls Animal Shelter. We value our relationship with SCRAPS, and I am so sorry we cannot aid Nezy.

Warm Regards,

  
The Furry Farm Rescue  
[ffr@thefurryfarmrescue.org](mailto:ffr@thefurryfarmrescue.org)  
[www.thefurryfarmrescue.org](http://www.thefurryfarmrescue.org)

**From:** [REDACTED]  
**To:** [REDACTED]; [Hobbs Doyle, Nick](#)  
**Cc:** [REDACTED]; [Ferrari, Jesse](#)  
**Subject:** Nezy,  
**Date:** Saturday, April 22, 2023 10:55:44 AM

---

Good morning.

When sharing information we need to make sure that all information is being shared. We know there was a fight in Nezy's home (involving provoked bites). What we do not know is how the fight started, or if Nezy was attacked and retaliated or if he started it. There is also notes that indicated he was doing good with other dogs in the shelter/play group (and yes there is notes that indicated he is fighting with neighbor dogs). This could have been caused by being over aroused easily by those dogs.

People that have been walking him have not seen any reaction to other dogs. He has been walked with Amy and showed no indication of interest or aggression. He was also walked with in 4 feet of another dog with no aggression, he did slightly tuck his tail (which we should know is a indication of fear). We will be continuing to take notes, and video when being walked near/with other dogs.

Have a great weekend,

[REDACTED]  
Animal Protection Officer  
Spokane County Regional Animal Protection Service (SCRAPS)  
6815 E. Trent  
Spokane Valley, WA  
SCRAPS Office: 509.477.2532  
Extension/Voice Mail: [REDACTED]  
Fax: 509.477.4745  
[REDACTED]  
[www.spokanecounty.org/scraps](http://www.spokanecounty.org/scraps)

Our Mission: Building a more humane community, protecting public safety and ensuring animal welfare through compassionate, responsive, professional enforcement of laws and public policy.

Protecting People. Protecting Pets. Saving Lives.

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