



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
INVESTIGATION REPORT (46A)



Activity No. A17-022126

Suspect 1 MELISSA BACELAR - WYLDER'S HOLLISTIC PET

Address: 11939 VENTURA BLVD

Phone: [REDACTED]

City/Zip: STUDIO CITY CA 91604

Alt. Phone: [REDACTED]

Person ID: P1368637

ID/CDL#: [REDACTED] DOB: [REDACTED] SEX: FEM HAIR: _____ EYE: _____

ID Exp: [REDACTED] HT: _____ WT: _____

Suspect 2 GAIL BACELAR

Address: THE WAGMOR LUXURY PET HOTEL & SPA

Phone: [REDACTED]

City/Zip: THE WYLDER FOUNDATION

Alt. Phone: [REDACTED]

Person ID P1437587

ID/CDL#: _____ DOB: _____ SEX: _____ HAIR: _____ EYE: _____

ID Exp: _____ HT: _____ WT: _____

11939 VENTURA BLVD

Animal 1 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

Animal 2 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

Animal 3 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

ADDITIONAL DOGS Yes NO

Nature of Investigation: INSANITARY COND **Code Sections:** 597 PC
REQ BOARDED HER DOGS AT WAGMORE PET HOTEL ON 09/01/17 AND WHEN PICKED UP ON 09/05/17 SHE
DISCOVERED ALL THREE OF THE DOGS PAWS WERE SOAKED WITH URINE AND THE TWO WHITE
DOGS HAD EVIDENCE OF DRIED FECES ON THEIR BELLYS. "GRACIE" MAY ALSO NOW HAVING
WHOOPIING COUGH. WILL SEND PHOTOS
CURR PERMITS FOR GROOMING PARLOR, DOG KENNEL AND PET SHOP

Pre-Investigative Findings: **Priors ?** X
Cruelty: _____ DAI: _____ Distance: _____ Permit: X LLV: _____
Other: _____ Other: _____

Date(s)/Year(s) of Prior Violations: PERMITS DIV

Activity No. A17-022126
REQUESTOR NAME: MONA BOYTER
ADDRESS: [REDACTED]
City: [REDACTED]
PHONE: [REDACTED]
PERSON ID: [REDACTED]

CALL INFO
DATE: 09/08/17
TIME: 1243 HRS
REC'D BY: AH #023

DATE: 09/12/17 Time: 1500 HSR Officer: HOOKS Badge # 123/023

Investigation Report: _____

SOURCE: HI FOLDER

PERSON CONTACTED: GAIL BACELAR - BUSINESS OWNER

OBSERVATION / REPORT: I RESPONDED TO THE SUSP ADDRESS AND MADE CONTACT W/ P/C GAIL B.

GAIL GAVE ME A TOUR OF THE SHOP, GROOMING PARLOR AND BOARDING FACILITY.

UPON ENTRY TO THE STORE I NOTED AN ODOR OF URINE PERMEATING ABOUT THE STORE. THERE WERE DOGS LOCATED THROUGHOUT THE BOARDING FACILITY AND GROOMING PARLOR. ALL DOGS WERE ACTIVE AND ALERT AND SHOWED NO SIGNS OF DISTRESS. I OBSERVED ONE WET PUDDLE ON THE SIDE OF THE LARGE, ROOM SIZED PEN HOUSING APPROX 16 DOGS. ALL OTHER PENS WERE FREE FROM ANY VISIBLE SIGNS OF FECES OR URINE. IN THE LARGE PEN I NOTED TWO POTTY PADS TOWARDS THE BACK. ONE WITH GREEN ARTIFICIAL TURF AND THE OTHER A TEXTURED RUBBER MAT. THERE WAS ONE PILE OF FECES ON EACH PAD. A WORKER NAMED MICHAEL REMOVED ONE OF THE PADS DURING MY INSPECTION TO CLEAN.

ONE OF THE DOGS FROM THE LARGE PEN WAS ABLE TO JUMP ONTO THE RAILING AND OUT OF THE PEN. THIS DOG THEN JUMPED ON ME, PUTTING HER PAWS ON MY ARMS. I HER PAWS WERE WET HOWEVER I DID NOT NOTE AN OVERWHELMING ODOR OF URINE.

DEPARTMENT ACTION: INSPECTION, ASSIST & ADVISE, PHOTOS

LICENSE/PERMITS: CURR FOR GROOMING PARLOR, DOG KENNEL AND PET SHOP

RECOMMENDATION: FILE TILL FURTHER 

REMARKS: NONE

11939 VENTURA BLVD

Activity No. A17-022126

CALL INFO

REQUESTOR NAME: MONA BOYTER
ADDRESS: [REDACTED]
City: [REDACTED]
PHONE: [REDACTED]
PERSON ID: [REDACTED]

DATE: 09/08/17
TIME: 1243 HRS
REC'D BY: AH #023

DATE: _____ Time: _____ Officer: _____ Badge # _____

Investigation Report: _____

Multiple horizontal lines for writing the investigation report.

11939 VENTURA BLVD

Business Information

Permit Type: Yearly
Wylder's Hollistic Pet Center
11939 Ventura Blvd
Studio City Ca 91604



Expiration Date: 11/02/2017
Last Inspected: 11/03/2016
Status: Open
0

People Info

P1368637
Bacelar, Melissa
11939 W Ventura Blvd Suite/Apt:
Studio City Ca, 91604



Permits

GROOMING PARLOR	160.00
DOG KENNEL PERMIT	305.00

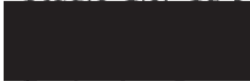
Complaints / Notes

There Are 0 Records.

[Search again](#)

Business Information

Permit Type: Yearly
The Wylder Foundation
11939 Ventura Blvd
Studio City Ca 91604



Expiration Date: 11/02/2017
Last Inspected: 11/03/2016
Status: Open
0

People Info

P1437587
Bacelar, Gail



Permits

PET SHOP PERMIT	290.00
-----------------	--------

Complaints / Notes

There Are 0 Records.

[Search again](#)



9/8/17
FLO
LEO

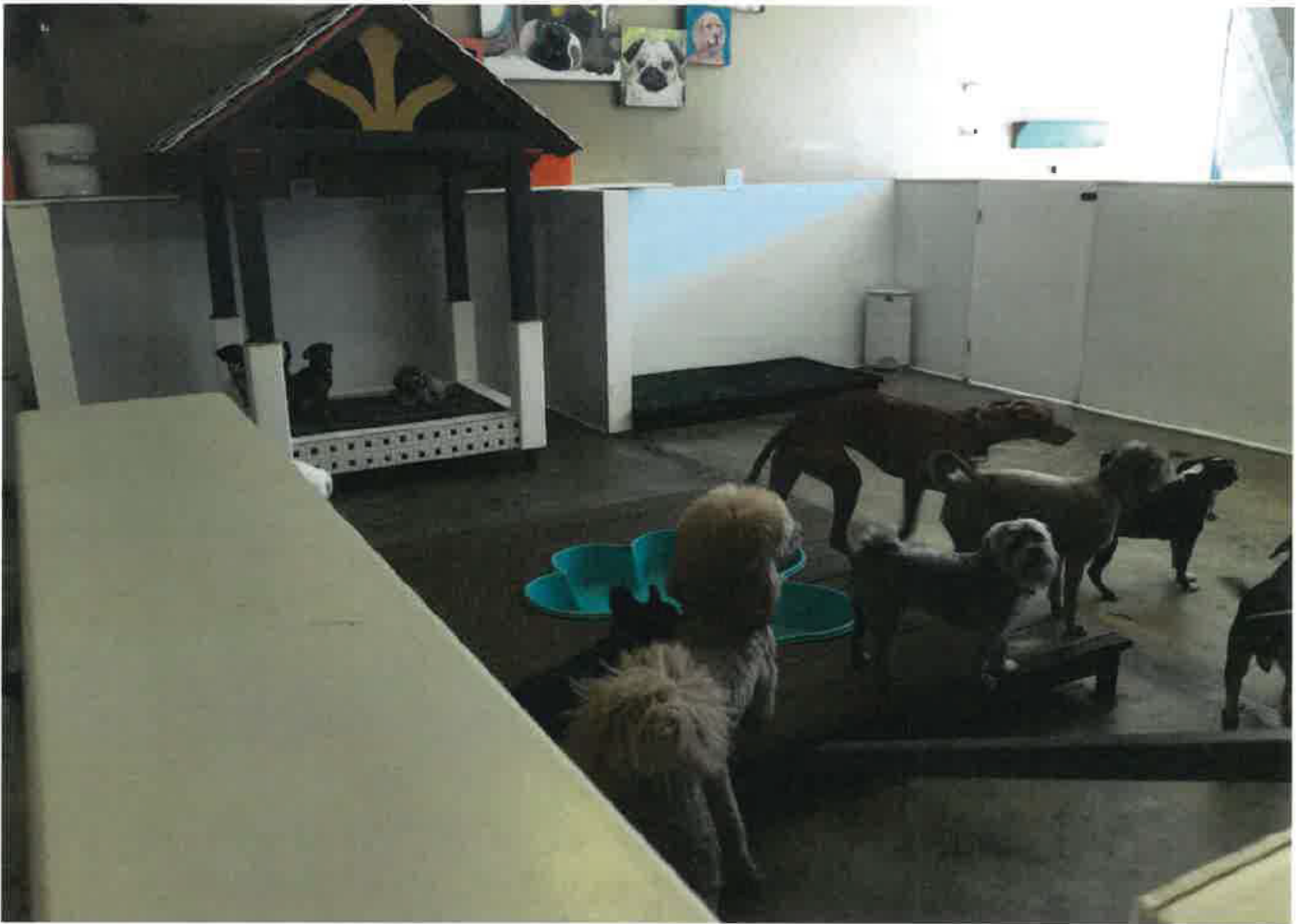


9/8/17
from
LEQ

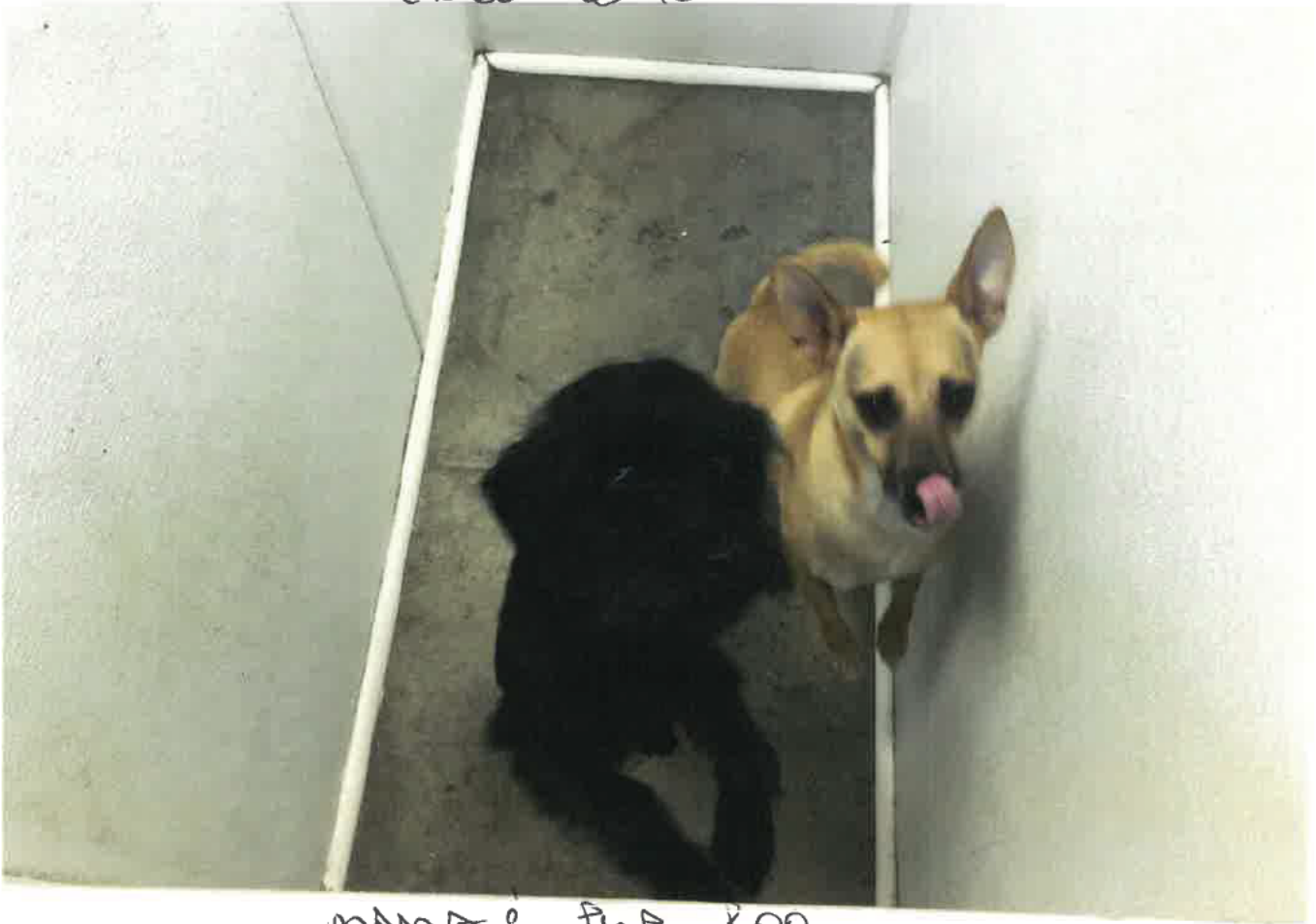


URINE / FECAL / POTTY PASS
↓





Grooming



mama e fwa koo



AA #023
9/12/11



AH #023
9/12/17



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
INVESTIGATION REPORT (46A)



Activity No. A20-012591

Suspect 1 MELISSA BACELAR

Address: 11939 VENTURA BLVD

Phone: [REDACTED]

City/Zip: STUDIO CITY, CA 91604

Alt. Phone: _____

Person ID: _____

ID/CDL#: _____ DOB: _____ SEX: _____ HAIR: _____ EYE: _____

ID Exp: _____ HT: _____ WT: _____

EMAIL: [REDACTED]

Suspect 2 MELISSA BACELAR

Address: _____

Phone: _____

City/Zip: _____

Alt. Phone: _____

Person ID _____

ID/CDL#: _____ DOB: _____ SEX: _____ HAIR: _____ EYE: _____

ID Exp: _____ HT: _____ WT: _____

EMAIL: _____

Animal 1 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

Animal 2 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

Animal 3 Name: _____ Breed: _____ Sex: _____ Alt: _____
Color: _____ Animal ID _____ License: _____

ADDITIONAL DOGS Yes NO

Nature of Investigation: <u>O/AGG/DOG</u>	Code Sections: <u>53.33</u>
EMPLOYEE STATED SHE WAS BIT BY A BULLDOG NAMED BENITO WHITE AND BLACK IN COLOR AT PET RESORT	
BITE OCCURRED 7/23/20 AT 1030 AM. DOG WAS ON FACILITY AS A RESCUE. OWNER TOOK DOG BACK FROM	
RESCUE AND HAD IT QUARANTINED AT BURBANK SHELTER AND DOG WAS ADOPTED AFTER	
QUARANTINE BY SAME RESCUE "WAGMORE". Advised victim of civil issue. <u>GAVE ANIEVA FOR</u>	
<u>PDA STATEMENTS / PHOTOS / PROOFS.</u>	
<u>NO LIC FOUND FOR THIS DOG</u>	

Pre-Investigative Findings: Priors? no

Cruelty: _____ DAI: _____ Distance: _____ Permit: _____ LLV: _____

Other: _____ Other: _____

Date(s)/Year(s) of Prior Violations: _____

11939 VENTURA BLVD

Activity No. A20-012591

CALL INFO

REQUESTOR NAME: HILARY OKUN

DATE: 08/20/20

ADDRESS:

TIME: 13:05

City:

REC'D BY: 21

PHONE:

PERSON ID:

EMAIL: OKUNHILARY@GMAIL.COM

DATE: 8-23-20 Time: 1230 Officer: PRO Badge # 050

Investigation Report:

I CALLED MELISSA BACELAR WHO RUNS WAGMAR BOARDING KENNEL. BACELAR CONFIRMED THEY DO HAVE A DOG NAMED "BENITO". BACELAR WAS AWARE OF THE ALLEGED INCIDENT. BACELAR STATED SHE WAS NOT THERE AT THE TIME OF THE INCIDENT. BACELAR CONFIRMED BENITO HAD BEEN OWNER SURRENDERED BY HIS OWNER. BACELAR STATED SHE WOULD EMAIL THE INFORMATION OF THE PRIOR DOG OWNER TO ANI-EVA.

08-23-20 ESPERANZA FOST

THIS IS A CIVIL MATTER; OCCURRED ON PRIVATE PROPERTY WHILE THE VICTIM WAS IN THE COURSE OF HER DUTIES.

DOG IS AT A RESCUE ORGANIZATION AND DOES NOT THEN REQUIRE LICENSING.

IF ANY INFORMATION POINTING TO PRIOR BAD ACTS INVOLVING THIS DOG THEN ASSESS AND REOPEN INVESTIGATION.

8-23-20 - EMAIL RECEIVED REGARDING BENITO'S PRIOR OWNER - SEE ATTACHED. RESIDENTS OF BURBANK. PRO

11939 VENTURA BLVD

Activity No. A20-012591

CALL INFO

REQUESTOR NAME: _____

DATE: 08/20/20

ADDRESS: _____

TIME: 13:05

City: _____

REC'D BY: 21

PHONE: _____

PERSON ID: _____

DATE: _____ Time: _____ Officer: _____ Badge # _____

Investigation Report: _____

11939 VENTURA BLVD

Multiple horizontal lines for writing the investigation report.



ani evafield <ani.evafield@lacity.org>

#A20-012591

1 message

Hilary Okun [REDACTED]

Thu, Aug 20, 2020 at 1:47 PM

To: ani.evafield@lacity.org, Hilary Okun [REDACTED]

Good afternoon,

I'm writing today to file an official report with Animal Control regarding a dog bite.

On July 23 at 10:30am I was viciously bitten by a bulldog named Benito at The Wagmor - a dog daycare, boarding, grooming and rescue facility located at [11939 Ventura Blvd.](#) in Studio City, CA.

I was working there as a dog daycare attendant. Here are the details of the incident:

I walked into the grooming room where the dog groomer Courtney had a dog up on her table getting a haircut and noticed that one of the towels draped over Benito's stall had fallen into his water bowl. I opened up the stall to remove the towel and when I knelt down to get the towel out of his water bowl Benito lunged at me and bit my left hand. I yelled and yanked my hand away and as I did Benito bolted out of his stall. I attempted to pull him back into the stall backwards grabbing his rump and back legs as I didn't want to get my hand in front of his mouth and risk getting bit again. Benito then turned his head around and bit my left calf. I let go of him and he continued to try to make a run out of the grooming room. As I approached him he bit my calf again. Every time I pulled my leg away he bit it again....clamping down harder and longer each time. Moving his way up my leg to the back of my leg, the side, then under my butt, etc. I would try to reach around and get his mouth unclamped and he'd just go after me again. He was ferocious. I was screaming and crying for help and was helpless to get away so I jumped up into one of the grooming baths – the baths are built into the walls and elevated so I thought he couldn't get me. I barricaded myself in the dog crates that were in the bathing tub hoping

to shield myself but he kept growling, barking, jumping and lunging at me. I had to spray the water from the bath hose at him to keep him from coming at me. The groomer Courtney tried yelling at Benito to stop biting but he wouldn't listen and would come after her so she also jumped into a tub for protection. At this point we are both in the tubs being held hostage by this ferocious dog. The receptionist Suki made her way back to the grooming room to see what the commotion was all about and when she did she went up to the front desk to call for help. I was told she called the owner Melissa to see if she should call 911 and she was told not to. She had been told to call Benito's owner and have them come get him. About 10 or 15 minutes later – still scared for our lives in the tubs – my co-worker Christine arrived to start her shift and looked into the grooming room to see what was going on. She immediately tried to get Benito under control....talking in a high, friendly voice. Benito then tried to attack her but she was able to barricade herself in the sink closet. Luckily there was a rabies pull in the closet and she attempted 5 or 6 times to put it around his neck but each time she tried he would attempt to bite her and growl and lunge. She eventually got it around his neck and put him back in his stall.

I immediately got out of the tub and the room and went into the bathroom where Courtney helped me clean off the wound on my hand and my calf with antiseptic. I then left the store and said I was going to urgent care.

At urgent care, I was put on antibiotics. They did not work. My hand doubled in size so I called my primary doctor who

said I should go to the Emergency Room right away as it sounded like an infection was happening. I went to Emergency and was admitted to the hospital for two days. I was given iv antibiotics and then sent home with another 7 days worth of antibiotics.

I am enclosing my hospital records which include photos of my injuries.

Please advise if you need further information.

Thank you for your assistance,
Hilary Okun



Okun,Hilary
50/F

Med Rec Num: [REDACTED]

EMR Num: PAISOHL0023917

- Patient Data
- Visits
- Critical Care Indicators
- Amendments

Date	Type	Account Num	Location	Provider	Dis Date	Alt	Conf
07/25/20	IN	SF0001156261	MEDSG2	WILSLA	07/27/20	N	
07/25/20	ER	SF0001156261		LUTSZA	07/25/20	N	
03/16/18	ER	SF0001073413		EKMENE	03/17/18	N	
06/19/10	IN	SF0000517254		STACTI	06/20/10	N	
06/19/10	ER	SF0000517254		BATMPA	06/19/10	N	

* Date	07/25/20
* Type	IN
* Account Number	SF0001156261
Facility	SOH
Location	MEDSG2
Provider Name	WILSLA
Discharge Date	07/27/20
Discharge Disposition	HOM
Pre/Sch Reservation Date	
Reason for Visit	CELLULITIS, DOG BIT INFECTION

Enter New Alt Address CDS

Cancel Save

- Edit
- Merge
- Unmerge
- Move Acct
- View
- Print
- Record Inquiry
- Reports
- EMR
- Demo Recall



JUL 30 2020

Completion of this document authorizes the disclosure and/or use of health information, about you.
Failure to provide all information requested may invalidate this Authorization.

Name of Patient: Hilary Okun
Date of Birth: [REDACTED] SSN: [REDACTED]
Patient Address: [REDACTED]
City: [REDACTED]
Phone #: [REDACTED]

USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize Sherman Oaks Hospital
to release to: Photographs + records covering the period of healthcare from 7/25 to 7/27
Phone #: _____ Fax: _____

(Persons/Organizations authorized to receive the information) (Address - street, city, state, zip code and/or fax number)

The following information:

- a. All health information pertaining to my medical history, mental or physical condition and treatment received. - OR
 Only the following records or types of health information (including any dates):
- | | | |
|---|---|---|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Consultation(s) | <input type="checkbox"/> All pertinent Lab / X-rays / EKG |
| <input type="checkbox"/> History and Physical | <input type="checkbox"/> Operative Report | <input checked="" type="checkbox"/> Other: <u>PHOTOS</u> |
| <input type="checkbox"/> Rehab | <input type="checkbox"/> ER | |

b. I specifically authorize release of the following information (initial as appropriate):

- | | |
|--|--|
| <input type="checkbox"/> Mental health treatment information | <input type="checkbox"/> STD |
| <input type="checkbox"/> HIV test results | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Alcohol/drug treatment information | <input type="checkbox"/> Child Abuse/Neglect |
| <input type="checkbox"/> Outpatient psychotherapy notes | |

please email to [REDACTED]

PURPOSE

Purpose of requested use or disclosure: patient request; OR other:

EXPIRATION

This authorization expires on: _____

PLEASE CONTINUE ON NEXT PAGE →



PATIENT I.D.

**AUTHORIZATION FOR
USE OR DISCLOSURE
OF HEALTH INFORMATION**
PHS-280-014-SOH (07/11)

MY RIGHTS

I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.

I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.

I may revoke this authorization at any time, but I must do so in writing and submit it to:

Sherman Oaks Hospital
ATTN: Medical Records
4911 Van Nuys Boulevard, Suite #205
Sherman Oaks, CA 91403
Tel: (818) 907-4525 Fax: (818) 907-2813

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.

Information disclosed pursuant to this authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

Options of Electronic Format: According to HITECH section 13405(e) (1); 42 U.S.C. 17935 (e) (1), you may have your electronic medical records transmitted to you or another entity in electronic format. Please choose which type of format you would like the information to be delivered in and note the receiving entity may not accept records in electronic format: Burn to CD Paper

SIGNATURE

Date: 7.30.20

Time: 3 am/pm

Signature: [Handwritten Signature]

(patient/representative/spouse/financially responsible party)

If signed by someone other than the patient, state your legal relationship to the patient. Licensed Psychotherapist's approval for geropsychiatric patient:

Witness: _____



PATIENT I.D.

**AUTHORIZATION FOR
USE OR DISCLOSURE
OF HEALTH INFORMATION**

PHSI-280-014-SOH (07/11)

ORIGINAL - CHART

CANARY - PATIENT

Page 2 of 2

PHOTOGRAPHIC WOUND DOCUMENTATION



Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) [Signature] Title: PN

Measuring Tool: _____ Placed By (Signature) [Signature] Title: PN

(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

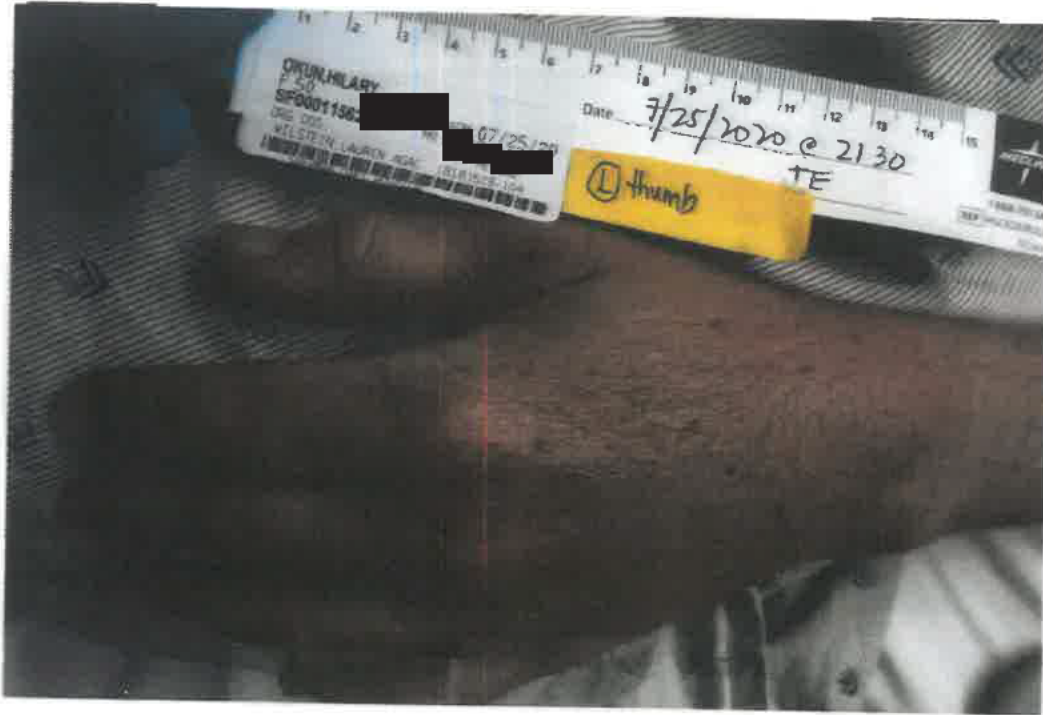
PATIENT ID

OKUN, HILARY 201-M/1
Att Dr: WILSTEIN, LAUREN AGAC NPBC N.P.

[Redacted] F 50Y [Redacted]
SF0001156261 IN 07/25/2020



PHOTOGRAPHIC WOUND DOCUMENTATION



Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) [Signature] Title: PN

Measuring Tool: _____ Placed By (Signature) [Signature] Title: PN
(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

PATIENT ID

OKUN, HILARY

201-M/1

Att Dr: WILSTEIN, LAUREN AGACNPBC N.P.

[Redacted] F 50Y [Redacted]

SF0001156261 IN 07/25/2020



WOUND DOCUMENTATION
PHSI-100-035 SOH EHMC (10/13) Page 1 of 2

h3rd 07/26/2020

PHOTOGRAPHIC WOUND DOCUMENTATION



Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) JE Title: PW

Measuring Tool: _____ Placed By (Signature) JE Title: PW
(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

PATIENT ID

OKUN, HILARY 201-M/1

Att Dr: WILSTEIN, LAUREN AGACNPBC N.P.

F 50Y

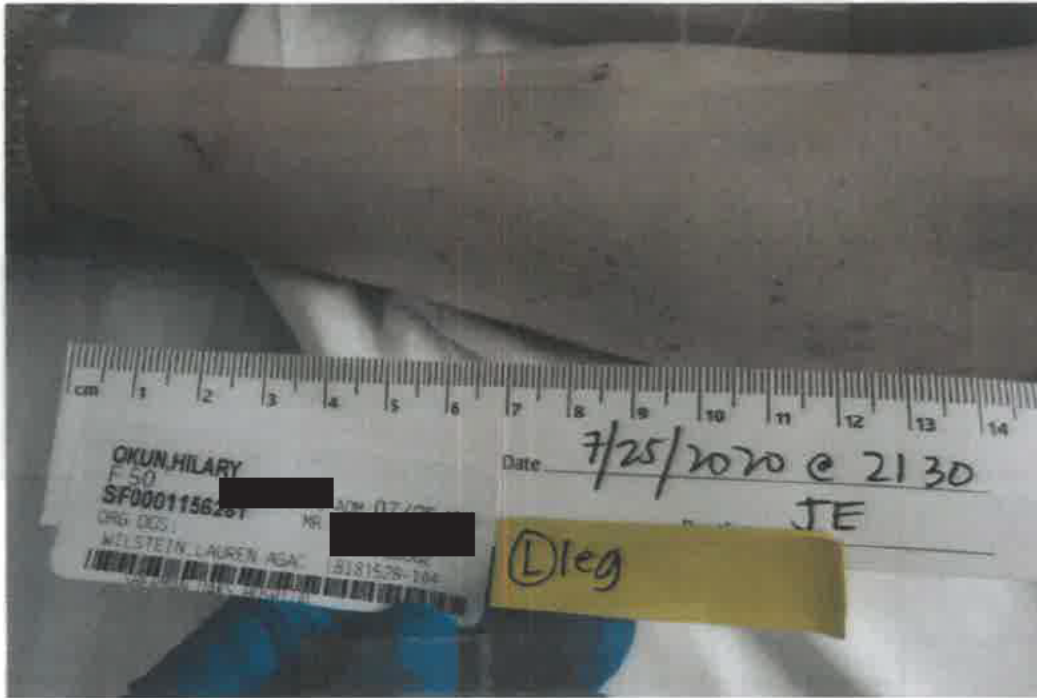
SF0001156261 IN 07/25/2020



WOUND DOCUMENTATION
PHSI-100-035 SOH EHMC (10/13) Page 1 of 2

h3rd 07/26/2020

PHOTOGRAPHIC WOUND DOCUMENTATION



Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) [Signature] Title: PN

Measuring Tool: _____ Placed By (Signature) [Signature] Title: PN
(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

PATIENT ID

OKUN, HILARY 201-M/1
Att Dr: WILSTEIN, LAUREN AGACNPBC N.P.

[REDACTED] F 50Y [REDACTED]
SF0001156261 IN 07/25/2020



PHOTOGRAPHIC WOUND DOCUMENTATION



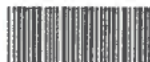
Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) JE Title: PN

Measuring Tool: _____ Placed By (Signature) JE Title: PN
(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

PATIENT ID

OKUN, HILARY 201-M/1
Att Dr: WILSTEIN, LAUREN AGACNPBC N.P.

 F 50Y
SF0001156261 IN 07/25/2020



PHOTOGRAPHIC WOUND DOCUMENTATION



Present on Admission Yes Clinically Undeterminable No

Photo Taken: Date 7/25/2020 Time 2130 By (Signature) [Signature] Title: PN

Measuring Tool: Placed By (Signature) [Signature] Title: PN

(See Nursing Wound Documentation)

IF EXCISIONAL DEBRIDEMENT IS PERFORMED, SEE BACK PAGE.

Sherman Oaks Hospital
4929 Van Nuys Blvd, Sherman Oaks, CA, 91403



3 PN

PATIENT ID

OKUN, HILARY 201-M/1
Att Dr: WILSTEIN, LAUREN AGACNPBC N.P.

[Redacted] F 50Y [Redacted]
SF0001156261 IN 07/25/2020



ANIMAL SURRENDER FORM

By signing this form, I state that I am the owner of the animal(s) who is/are the subject of this Animal Surrender Form, hereinafter referred to as "the animal." To my knowledge, no other person has any right to this animal. I hereby surrender all right to the animal to Wagmor Pets Rescue 501c(3). I understand that once I relinquish the animal, the animal will not be available to be returned. I have read and understand the terms of this Animal Surrender Form.

OWNER INFORMATION

Maria del wave Ulloa
Printed Name

Maria del wave Ulloa
Signature

07/16/2020
Date

[Redacted]
Address

ANIMAL INFORMATION

Name: Benito

Spayed/Neutered: Yes

Age: 5 Years

Weight: 45.9 lb

Sex: male

Color: White / Brown

Please describe in detail why you are surrendering your pet:

Benito is very protective of me and he does not like anyone to approach me, he has tried to bite my husband, my mom, my father and some other people in other places outside the house, now I have a baby and I'm very afraid that he could do something to her.

[Redacted]
[Redacted]
[Redacted] today
Brenda



ani evafield <ani.evafield@lacity.org>

Activity #A20-012591 - Benito

The Wagmor [REDACTED]
To: ani evafield <ani.evafield@lacity.org>

Sun, Aug 23, 2020 at 12:39 PM

Thank you for your assistance!

The former owner's are residents of Burbank, as you can see on the surrender form. Hope this helps!

[Quoted text hidden]

--

The Wagmor
[REDACTED]

Where your dog Wags More...

Cancellation Policy

We require 48 hours notice for all boarding and grooming reservations. All reservations for boarding and grooming require a credit card to hold the reservation. A 50% service charge will be charged to the card on file for all "no shows" and cancellations made less the 48 hours from the appointment. We have limited space and are often booked to capacity. Thank you for understanding. The Wagmor

REFUND POLICY

We do not do any refunds. All pre paid reservations and services (including packages) will be given back in credit. The credit will only be given if the reservations are cancelled with in our cancellation policy. Credit never expires.

 **benito.pdf**
11270K