

ORDER DANGEROUS DOG

Date: 2/25/23

Owner's Name(s): Cindy J. Kostuch

Address: 1947 S. 69th St.

Address: West Allis, WI 53219

Name of Dog: Smugh

Description of Dog: Black lab, 8 years old

Pursuant to West Allis Revised Municipal Code Section 7.126, your dog, described above, is hereby declared to be a **dangerous dog**.

Within **30 days** of the date of this order, you must comply with the requirement of 7.126(6) (see back sheet). A West Allis police officer will conduct a follow-up investigation to ensure compliance with the requirements.

If you wish to contest this order or any of the requirements of 7.126(6), you must, within 30 days after receipt of the order, deliver to the City Clerk a written objection to the order stating specific reasons for contesting the order. The City Clerk is located at City Hall at 7525 West Greenfield Avenue, West Allis, Wisconsin.

If you have questions about this order, please contact the City Attorney's Office at (414) 302-8450.

Signature: Kossow WAPD
Name of Officer / Department

Service: (check one)

Date/Time: 2/25/23

Name of person served: Cindy Kostuch

Location: 1947 S. 69th St.

West Allis Health Department Rabies Quarantine Order



Public Health
Prevent. Promote. Protect.
West Allis Health Department

Animal Owner's Name: Cindy J. Kostuch

Animal Owner's Address: 1947 S. 69th St.

Animal Owner's Telephone Number: 414-335-6268

Name of Animal: Smush Type of Pet: Dog Cat Other (List) _____

Date Bite Occurred: 2/25/23 Was a person bitten? Y N Did the Bite Break the Skin? Y N

Date of Animal's Rabies Vaccination: Unknown Dog/Cat License Tag Number: Unknown

Victim's Name: Levi D. Stavfacher Victim's Address: 1931 S. 69th St.

Victim's Phone/Cell: 414-430-7298 Treated by: Medical Provider Self Parent NA

Per the Revised Municipal Code of the City of West Allis 7.12(5) the animal identified above and owned/harbored by you at the indicated address is hereby ordered confined, under the conditions defined below, for purposes of quarantine for possible rabies exposure.

- This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus and is quarantined for a minimum of **10 days** from the date of the incident. Animal owner is responsible for all costs associated with quarantine/impoundment of the animal.
 - Proof of valid rabies vaccination provided. In home quarantine ordered. See Quarantine conditions below.
 - Proof of valid rabies vaccination is **NOT** provided. Animal is ordered to be impounded at:
 - MADACC
 - Local Veterinarian Clinic: _____
- This animal has bitten or otherwise potentially exposed a person or other animal to rabies virus **AND** is exhibiting symptoms consistent with rabies. This animal is ordered to be euthanized for rabies testing. Animal owner is responsible for all costs associated with euthanization and testing.

Quarantine conditions:

- The animal must be seen by a veterinarian within 24 hours for a health clearance. A copy of the veterinarian's report must be submitted to the West Allis Health Department.
- The animal must be confined at all times in an enclosed space that prevents contact with people, other pets, and wild animals. Animal may only be outside only for purposes of toileting and must be kept on a leash.
- At no time may the animal be removed from the premises without prior written permission of the West Allis Health Department. In an emergency, the animal may be taken to a vet. Immediately notify the Health Department.
- If at any time during the quarantine period the animal becomes ill, shows signs of abnormal behavior, or dies, the West Allis Health Department must be notified immediately. The Health Commissioner may authorize, at any time that the animal be euthanized for purposes of laboratory testing for rabies.
- Animals without a valid rabies vaccination must be vaccinated after the quarantine period, prior to being released to the owner. Also, if the animal does not have a valid Milwaukee County Animal License the owner must obtain the license and submit proof of license to the West Allis Health Department.
- The animal will be released from quarantine only upon completion of the prescribed requirements and by written authorization of the West Allis Health Department.

I understand and agree to abide by the conditions under which the above named animal, for which I am the responsible owner or custodian, is to be quarantined. I understand that violation of the conditions of this quarantine order, whether by volition or negligence, is punishable under the Revised Municipal Code for the City West Allis.

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| <u>Explained and given copy</u> Animal owner name (print) | _____ Animal owner signature | _____ Date |
| <u>Kossow</u> Serving official name (print) | <u>Lin Komer</u> Serving official signature | <u>2/25/23</u> Date |

White – Police Department Copy Pink – Health Department Copy Buff – Owner's Copy

Submit completed report to the Health Department within 24 hours.

7120 W National Ave, West Allis, WI 53214
Fax – 414-302-8628