

2051 S. 94th St.
West Allis, WI 53227

March 20, 2017

RECEIVED

MAR 22 2017

CITY OF WEST ALLIS
CITY CLERK

West Allis City Clerk
7525 W. Greenfield Ave.
West Allis, WI 53214

Re: Order – Dangerous Dog

Dear Sir/Madam:

I am writing to object to the declaration under West Allis Revised Municipal Code Section 7.126, which labels our dog as a dangerous dog.

On March 6, 2017, our neighbor called the West Allis Police Department, claiming that our dog, Dusty, bit him on the hand. This particular neighbor has been routinely cruel and provoking to our dog whenever we take him on walks. He has done this for the past two years approximately, ever since he moved into his house and we adopted Dusty. He threatens us consistently, saying if our dog ever bites him, he's going to call the police. He is especially threatening when my daughter or I are walking him. When my husband is with us or walking Dusty on his own, this neighbor says nothing.

On the date in question, I was walking Dusty alone. The neighbor was walking from his garage to his house and I pulled Dusty on a very short lead (just above his collar). Dusty gets stressed in certain situations and barks out of anxiety. Instead of simply walking to his door, the neighbor walked directly to us while I was trying to calm Dusty down. Not only did he walk directly to us, he threw his arm out towards Dusty. Dusty proceeded to bark and jumped towards him. He did not bite. Not only did he not bite, he didn't get close enough to bite. The neighbor, however, immediately claimed Dusty bit him. He showed me his hand and there was absolutely nothing there. If I wasn't overly concerned about removing Dusty from the situation (he was still very stressed and would not sit), I would have immediately taken a picture with my cell phone. Instead, I removed Dusty from the situation and continued our walk home.

I also explained this to the Police Officers who arrived at our home later that evening. Apparently, the neighbor is claiming a tiny little scratch on his hand (which could have come from anywhere) was Dusty's "bite."

We have complied with the West Allis Health Department Rabies Quarantine Order. I am enclosing copies of all of the records and signatures from our vet at the New Berlin Animal Hospital.

This was never a bite. Our neighbor provoked our dog, who was already obviously stressed due to past threats and actions by the neighbor. I request that the "Dangerous Dog" label be removed from our dog, Dusty. Thank you.

Sincerely,



Amy Frohwirth Horgan

Enclosures

ORDER DANGEROUS DOG

Date: 3/6/17

Owner's Name(s): Amy P Horgan

Address: 2051 S 94 St

Address: _____

Name of Dog: Dusty

Description of Dog: Brown, thin, medium size

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: [Signature] W9900 LAPD
Name of Officer / Department

Service: (check one)

Date/Time: 2106 hrs 3/6/17

Name of person served: Amy P. Horgan

Location: 2051 S 94 St

West Allis Health Department Rabies Quarantine Order



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

Animal Owner's Name: Amy P Horgan 7/11/68
 Animal Owner's Address: 2051 S 94 St
 Animal Owner's Telephone Number: 4145347934
 Name of Animal: Dusty Type of Pet: Dog Cat Other (List) _____
 Date Bite Occurred: 3/6/17 Was a person bitten? Y N Did the Bite Break the Skin? Y N
 Date of Animal's Rabies Vaccination: 2016 Dog/Cat License Tag Number: 37077

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.
 - 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: _____
 - Animal owner is responsible for all costs associated with quarantine/impoundment of the animal.
- 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.
- 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.

Amy P Horgan
Animal owner name (print)

[Signature] 3-6-17
Animal owner signature Date

Kyle Webster
Serving official name (print)

[Signature] 7/6/17
Serving official signature Date

White – Police Department Copy

Pink – Health Department Copy

Yellow – 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

WAUKESHA COUNTY DIVISION OF ENVIRONMENTAL HEALTH
Quarantine Order

1st
2nd

Date of Bite: ___/___/___ Time: ___^{am}___ pm Incident Address: _____
 Owner Name: _____ D.O.B. ___/___/___ Home #: _____
 Address: _____ Work#: _____
 Municipality: _____ Zip: _____ Cell#: _____
 Location of Quarantine: Home / Other: _____ Name of Animal: _____
 Description of Animal: Cat/Dog/Other _____ M / F, Sterilized=Y / N: _____ Breed: _____
 Color/Markings: _____ Age: _____ Weight: _____
 Rabies Vaccination Date: ___/___/___ Exp. Date: ___/___/___ Rabies Tag #: _____
 Dog License #: _____ Year of License: _____ Tag Color: _____
 Name of Vet. Clinic: _____ Tel.#: _____

UNDER THE PROVISIONS OF SECTION 93.07(10) AND CHAPTER 95 OF THE WISCONSIN STATUTES, YOU ARE HEREBY NOTIFIED THAT THE ANIMAL DESCRIBED ABOVE IS ORDERED QUARANTINED FOR A MINIMUM OF 10 DAYS FROM THE BITE DATE AND MAY NOT BE REMOVED FROM THE PREMISES WHERE NOW LOCATED WITHOUT THE WRITTEN PERMISSION OF THE RABIES CONTROL AUTHORITY. VIOLATION OF THIS ORDER WILL SUBJECT THE OWNER TO A FINE OF NOT LESS THAN \$100 NOR MORE THAN \$1000 OR IMPRISONMENT NOT MORE THAN 60 DAYS OR BOTH.

I, _____ certify the delivery of said quarantine from the Waukesha County Division of Environmental Health
 To _____ (signature of animal owner/keeper) on this date: _____

Signature of Rabies Control Representative: _____ Date: _____

Any person affected by an order of quarantine may make a written request to Waukesha County for administrative review under Sec. 18-154 of the Waukesha County Code. Such request must be delivered to the county board chair's office who will direct it to the Parks and Land Use Department. Such request will be acted upon within 30 days of receipt in the county board chair's office.

First Observation Date _____ Second Observation Date _____

Sick/Drooling	Healthy	Assertive	Sick/Drooling	Healthy	Assertive
Aggressive	Friendly	Frightened	Aggressive	Friendly	Frightened
Excitable	Relaxed	Affectionate	Excitable	Relaxed	Affectionate
Depressed	Shy	Active	Depressed	Shy	Active
Staggering	Convulsions	Sluggish	Staggering	Convulsions	Sluggish

COMMENTS: _____

Certified Rabies Observer: _____ Date: _____

***** VETERINARY RELEASING EXAMINATION *****

I, _____ (Veterinarian Signature) certify that this dog/cat/ferret has shown no signs of rabies.

Date: 3/17/17 Name of Clinic: New Berlin Animal Hosp Tel#: 262-782-6910

DOGS NOT CURRENTLY VACCINATED FOR RABIES MUST BE VACCINATED AT THE TIME OF THIS VISIT.

Veterinarians: Please fax to (262)896-8298 or mail completed form to the Waukesha County Humane Officer, Dept. of Parks and Land Use, 515 W Moreland Blvd, AC 260, Waukesha, WI 53188.

FORMS: White: County Yellow: Veterinarian Pink: Owner/Keeper Gold: Owner/Keeper reviewed 01/2016

Waukesha County Department of Parks and Land Use

Division of Environmental Health

515 W Moreland Blvd, Rm AC 260, Waukesha, WI 53188

Telephone: 262-896-8300 Fax: 262-896-8298

www.waukeshacounty.gov/rabies

Milwaukee County

Please call Waukesha County Rabies Control Program if Client fails to **make** or **keep** vet appointments.

Visit Date Schedule Guide

- 1) -
2) -
3) -

VETERINARIAN RABIES OBSERVATIONS

DATE OF BITE: 3/6/17

OWNER'S NAME Amy P. Horgan

ADDRESS: 2051 S 94th St

CITY: West Allis STATE: WI ZIP: 53227

HOME/CELL PHONE: (414) 534-7934 WORK PHONE:

DATE OF RABIES SHOT: 4/8/16 EXP. DATE 4/8/19 TAG# 37077

NAME OF ANIMAL: Dusty COLOR (S): Brown

DESCRIPTION/BREED OF ANIMAL: Canine - Shepherd Mix

IF A DOG OR CAT IS SUSPECTED OF BITING A PERSON, THE CUSTODIAN OF AN ISOLATION FACILITY OR THE OWNER SHALL KEEP THE ANIMAL UNDER STRICT CONTROL/ISOLATION UNDER THE SUPERVISION OF A VETERINARIAN FOR AT LEAST 10 DAYS AFTER THE INCIDENT OCCURRED. THIS INCLUDES A MINIMUM EXAMINATION OF THE ANIMAL THE FIRST DAY OF ISOLATION, ON THE LAST DAY OF ISOLATION, AND ONE INTERVENING DAY. IF THE OBSERVATION PERIOD IS NOT EXTENDED AND THE VETERINARIAN CERTIFIES THAT THE ANIMAL HAS NOT EXHIBITED ANY SIGNS OF RABIES, THE ANIMAL MAY BE RELEASED.

I, [Signature] CERTIFY THAT THIS ANIMAL HAS SHOWN NO SIGNS OF RABIES. (Veterinarian signature)

Observation Date(s) 3/7/17 (1) 3/11/17 (2) 3/17/17 (3)

NAME OF CLINIC: New Berlin Animal Hospital

ADDRESS: 3840 S Moorland Rd TELEPHONE: (262) 782-6910

THIS CERTIFICATE RELEASING THE ANIMAL MUST BE RETURNED TO THE HUMANE OFFICER AT: WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE, 515 W Moreland Blvd, Rm AC 260, Waukesha, WI 53188 or faxed to 262-896-8298.

NOTE: Dogs over 4 months of age that do not have a current rabies vaccination must be vaccinated for rabies by a licensed veterinarian after release from quarantine.

Date of Rabies Vaccination: 4/8/16 Rabies Tag Number: #37077 WISC

Reminder Status Report

(Date Printed: Tuesday, March 7, 2017)

Amy Horgan (#17627)

2051 S 94th St
West Allis, WI 53227

Dusty (#E)

Breed : Shepherd Mix
MicroChip #: 982000356372591
Rabies Serial Number : 18284
Sex : MN
Weight : 42.6000 lbs.

Coat Color : Orange
Rabies Brand Name : IMRAB
Rabies Tag Number : 37077
Species : Canine
Age : 2 years and 7 months old

Vaccines and Reminders

DUE DATE
Bordetella : 3/27/2016
HW Test : 10/20/2016
Lepto-4L : 4/8/2017
DPA : 4/8/2019

DUE DATE
Fecal : 4/21/2016
Exam/Consult : 3/7/2017
Annual Exam : 4/8/2017
Rabies : 4/8/2019