



CLAIMANT CONTACT INFORMATION

Name: Sarah Micheel
Address: 2818 S 4th St
Milwaukee, WI 53219

Phone: [Redacted]
Email: [Redacted]

INSTRUCTIONS

Complete this form, print and sign it, and serve a hard copy upon the West Allis City Clerk. If you have questions about how to fill out this form, please contact a private attorney who can assist you.

NOTICE OF CLAIM

Date of incident: 12-20-19 Time of day: @ 10:30 AM
Location: West Allis Dog Park

Describe the circumstances of your claim here. You may attach additional sheets or exhibits. Some helpful information may be the police report, pictures of the incident or damage, a diagram of the location, a list of injuries, a list of property damage, names and contact information for witnesses to the incident, and any other information relevant to the circumstances.

My dog Cal and I visited the new West Allis Dog Park on the morning of Friday, December 20. Cal had a good time and met Ben Bush's dog, Stella. The two dogs were playing near the edge of the wooded area in some longer grass. As we were leaving, we noticed blood on Stella's back. It was from Cal's cut paw. Stella also had a cut on her paw. Mr. Bush later returned to the park and found quite a bit of broken glass where the dogs had been playing. I have attached my veterinary bill and have subtracted unrelated items. Total damages listed below. While I understand that some risk is assumed when visiting a dog park, I feel that the city failed to clean the area thoroughly which made it unsafe for dogs and their owners.

Check one: My witnesses are listed on the back of this form.

- I am seeking damages at this time (complete Claim Amount section below)
- I am submitting this notice without a claim for damages. This claim is not complete and will not be processed until I submit a claim for damages on a later date.

Signed: Sarah Micheel

Date: 1-5-2020

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If any damages are for repair to property, include at least 2 estimates for repairs.

The total amount sought is: \$ 480.87

SAVE

PRINT

CLAIMANT CONTACT INFORMATION

Name _____
Address _____
Phone _____
Email _____

INSTRUCTIONS

Complete this form and mail it to the address on the back of this form. You must provide a valid email address and a phone number. You must also provide a valid address. You must provide a valid name. You must provide a valid date of birth. You must provide a valid gender. You must provide a valid race. You must provide a valid ethnicity. You must provide a valid marital status. You must provide a valid number of children. You must provide a valid number of pets. You must provide a valid number of vehicles. You must provide a valid number of other dependents. You must provide a valid number of other household members. You must provide a valid number of other persons with whom you share a household. You must provide a valid number of other persons with whom you share a residence. You must provide a valid number of other persons with whom you share a vehicle. You must provide a valid number of other persons with whom you share a pet. You must provide a valid number of other persons with whom you share a household member. You must provide a valid number of other persons with whom you share a residence member. You must provide a valid number of other persons with whom you share a vehicle member. You must provide a valid number of other persons with whom you share a pet member. You must provide a valid number of other persons with whom you share a household member. You must provide a valid number of other persons with whom you share a residence member. You must provide a valid number of other persons with whom you share a vehicle member. You must provide a valid number of other persons with whom you share a pet member.

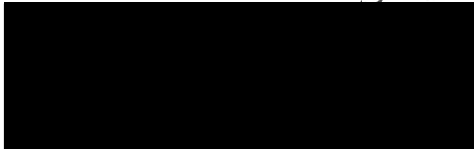
CONTACT OF CLAIMANT

Mr. Benjamin Bush

Mrs. Lara Kehoe

2011 S 91st St
West Allis, WI
53227

414-303-4393
4931 S 82nd St
Greenfield, WI 53220



I am seeking damages at the time of filing this claim (amount \$0.00)
I am submitting the notice without a claim for damages. This claim is not complete and will not be processed. I will submit a claim and damages separately.

Date _____

CLAIM AMOUNT

To complete this claim, attach an itemized statement of damages sought. If you are seeking more than \$10,000 in damages, attach a copy of the itemized statement of damages sought. The total amount sought is \$ _____

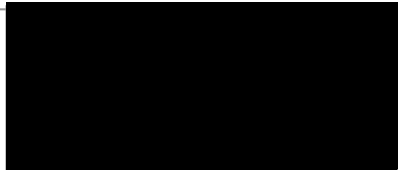
American Veterinary Hospital
 2735C W Rawson Ave. Franklin WI. 53132.
 414-304-1818.
 www.MyVetAVH.com

12/20/2019

4:45 PM

Invoice:

13935



David & Sarah Micheel
 2818 S. 44th St.
 Milwaukee, WI 53219

Patient: Cal
Species: CANINE
Breed: Labrador Retriever
Color: Black

DOB: 6/4/2019
Age: 0 yr 6 mo
Sex: MALE NEUTERED
Tag:
Weight: 59.00 lb

Client: David & Sarah Micheel

Cal

Species: CANINE Breed: Labrador Retriever Weight: 59.00 lb

| Provider | Service/Item | Date | Qty | Price | Amount |
|---|--|------------|------|----------|----------|
| Shahid Chughtai | Laceration Repair (30 mins.) <i>Line Discount: \$36.32</i> | 12/20/2019 | 1.00 | \$145.26 | \$145.26 |
| Shahid Chughtai | Medical Exam <i>Line Discount: \$13.75</i> | 12/20/2019 | 1.00 | \$55.00 | \$55.00 |
| <p>Because serious injuries can be present that are not able to be detected in the initial examination and treatment periods, it is very important that you observe your pet for any of the following especially for the next few day to weeks. Pale or yellow gums, breathing difficulty or coughing, restlessness, continuous panting, lethargy, vomiting, diarrhea, abnormal urination or any abnormal behavior. If you observe any of these symptoms, call us ASAP.</p> | | | | | |
| Shahid Chughtai | Injectable Sedation <i>Line Discount: \$23.98</i> | 12/20/2019 | 1.00 | \$95.92 | \$95.92 |
| <p>Your pet has been sedated for a procedure today. Marked drowsiness may be observed. Please keep an eye on your pet for the next few hours.</p> | | | | | |
| Shahid Chughtai | Operating Room & Sterile Supplies <i>Line Discount: \$11.96</i> | 12/20/2019 | 1.00 | \$47.85 | \$47.85 |
| Shahid Chughtai | Minor Surgical Pack <i>Line Discount: \$12.10</i> | 12/20/2019 | 1.00 | \$48.40 | \$48.40 |
| Shahid Chughtai | Wound Care & Cleanse <i>Line Discount: \$8.40</i> | 12/20/2019 | 1.00 | \$33.60 | \$33.60 |
| Technician | Technician Services <i>Line Discount: \$5.00</i> | 12/20/2019 | 1.00 | \$20.00 | \$20.00 |
| Shahid Chughtai | Pain Injection <i>Line Discount: \$7.61</i> | 12/20/2019 | 1.00 | \$30.45 | \$30.45 |
| Shahid Chughtai | Antibiotic Injection <i>Line Discount: \$7.61</i> | 12/20/2019 | 1.00 | \$30.45 | \$30.45 |
| Shahid Chughtai | In-Hospital Patient Care <i>Line Discount: \$7.88</i> | 12/20/2019 | 1.00 | \$31.50 | \$31.50 |
| Shahid Chughtai | State Medical Disposal Fee <i>Line Discount: \$0.75</i> | 12/20/2019 | 1.00 | \$3.00 | \$3.00 |
| Shahid Chughtai | Blood/Urine/Fecal Collection <i>Line Discount: \$1.75</i> | 12/20/2019 | 1.00 | \$7.00 | \$7.00 |
| Shahid Chughtai | Heartworm/Tick (4DX) Test | 12/20/2019 | 1.00 | \$50.00 | \$50.00 |

Line Discount: \$12.50

HEARTWORM/TICK (4DX) TEST: This combination blood test not only detects heartworm disease, but 3 other highly common infections transmitted by ticks. These include Lyme Disease, Anaplasmosis, & Ehrlichiosis which can all cause severe & painful symptoms for your dog. Have your pet put on our prevention program immediately after the Heartworm 4DX test has been performed and test annually to keep them protected.

| | | | | | |
|-----------------|-------------------------------------|------------|------|----------|----------|
| Shahid Chughtai | ProHeart 12 injection (55.1-60) lbs | 12/20/2019 | 1.00 | \$110.37 | \$110.37 |
|-----------------|-------------------------------------|------------|------|----------|----------|

Line Discount: \$27.59

ProHeart 12 injection gives your dog 12 months of heartworm protection. You should not be giving any other oral or topical heartworm prevention to your dog during this time.

| | | | | | |
|-----------------|--|------------|------|--------|--------|
| Shahid Chughtai | Injection administration and supplies. | 12/20/2019 | 1.00 | \$2.00 | \$2.00 |
|-----------------|--|------------|------|--------|--------|

Line Discount: \$0.50

| | | | | | |
|-----------------|--------------|------------|------|---------|---------|
| Shahid Chughtai | E-Collar #30 | 12/20/2019 | 1.00 | \$18.75 | \$18.75 |
|-----------------|--------------|------------|------|---------|---------|

Line Discount: \$4.69

| | | | | | |
|-----------------|--------------------|------------|-------|--|---------|
| Shahid Chughtai | Amoxicillin 500 mg | 12/20/2019 | 14.00 | | \$33.25 |
|-----------------|--------------------|------------|-------|--|---------|

Line Discount: \$8.31

GIVE AMOXICILLIN WITH A MEAL TO PREVENT STOMACH UPSET.

| | | | | | |
|-----------------|---------------------------------------|------------|------|--------|---------|
| Shahid Chughtai | Forti-Flora Canine Individual Packets | 12/20/2019 | 7.00 | \$1.43 | \$10.00 |
|-----------------|---------------------------------------|------------|------|--------|---------|

Line Discount: \$2.50

FortiFlora® is a nutritional supplement for dogs and has been formulated to achieve the following characteristics:

- Contains guaranteed amounts of live active cultures
- Proven to promote intestinal health & balance
- Nutritional supplement for dietary management of dogs with diarrhea
- Helps reduce flatulence (gas) in dogs

| | | | | | |
|-----------------|----------------------------|------------|------|--------|--------|
| Shahid Chughtai | Suture removal in 10 days. | 12/20/2019 | 1.00 | \$0.00 | \$0.00 |
|-----------------|----------------------------|------------|------|--------|--------|

Suture removal is due in 10 days.
Please call for an appointment. There is no fee for the visit.

| | | | | | |
|-----------------|-----------------------------|------------|------|--------|--------|
| Shahid Chughtai | Keep bandage clean and dry. | 12/20/2019 | 1.00 | \$0.00 | \$0.00 |
|-----------------|-----------------------------|------------|------|--------|--------|

Keep bandage clean and dry. A bandage that becomes wet or soiled may lead to complications with the healing process. Please call our clinic if you notice swelling or odor coming from bandages area.

| | | | | | |
|-----------------|-------------------------|------------|------|---------|---------|
| Shahid Chughtai | Bandage/Dressing Change | 12/20/2019 | 1.00 | \$51.98 | \$51.98 |
|-----------------|-------------------------|------------|------|---------|---------|

Line Discount: \$13.00

| | | | | | |
|-----------------|--|------------|------|---------|---------|
| Shahid Chughtai | IV Cath or SQ Fluid Therapy (with Surger | 12/20/2019 | 1.00 | \$32.00 | \$32.00 |
|-----------------|--|------------|------|---------|---------|

Line Discount: \$8.00

| | | | | | |
|-----------------|--|------------|------|--------|--------|
| Shahid Chughtai | Injection administration and supplies. | 12/20/2019 | 1.00 | \$2.00 | \$2.00 |
|-----------------|--|------------|------|--------|--------|

Line Discount: \$0.50

| | | | | | |
|-----------------|--------------------|------------|------|--|--------|
| Shahid Chughtai | Acepromazine 25 mg | 12/20/2019 | 2.00 | | \$8.21 |
|-----------------|--------------------|------------|------|--|--------|

Line Discount: \$2.05

GIVE 2-3 HOURS BEFORE DESIRED AFFECT. BE SURE TO MONITOR YOUR PET AROUND WATER AND STAIRS AS THEIR COORDINATION WILL BE AFFECTED BY THIS DRUG.

| | |
|-------------|----------|
| Tax | \$0.00 |
| Discount | \$216.75 |
| Net Invoice | \$650.24 |

\$480.87
actual cost of
suture repair

| | |
|---------|------------|
| Overdue | 09/12/2019 |
| Overdue | 09/12/2019 |
| | 03/12/2020 |

Reminders for Cal

DAPP #3
Oral Bordetella #2
Fecal (Ova and Parasite) (T805)

| | |
|-------------------------------------|------------|
| New Client Form | 08/21/2020 |
| Photo Permission Granted | 08/21/2020 |
| Lyme (Booster) 1 year | 09/13/2020 |
| Lepto 4-Way (Booster) 1 year | 09/13/2020 |
| Rabies (1 year) | 10/04/2020 |
| ProHeart 12 injection (55.1-60) lbs | 12/19/2020 |
| Heartworm/Tick (4DX) Test | 12/19/2020 |

Visit our new website at www.MyVetAVH.com

David & Sarah Micheel
2818 S. 44th St.
Milwaukee, WI 53219

Patient: Cal
Species: CANINE
Breed: Labrador Retriever
Color: Black
Provider:
Microchip: 981020033203255

DOB: 06/04/2019
Age: 6 m
Sex: MN
Tag:
Weight: 59.00 lb

Acc. No: 5347
Phone: (414) 327-8092 (414) 376-7925

Current: \$0.00 30 Day: \$0.00 60 Day: \$0.00 90 Day: \$0.00 Balance Due: \$0.00

| Chronological Weight: | Date | Weight |
|-----------------------|------------|----------|
| | 12/20/2019 | 59.00 lb |
| | 9/14/2019 | 28.80 lb |
| | 9/14/2019 | 28.80 lb |
| | 9/12/2019 | 28.40 lb |
| | 8/22/2019 | 20.40 lb |



| Reminders for Cal: | Code | Description | Status | Date |
|--------------------|--------|-------------------------------------|---------|------------|
| | NEWFO | New Client Form | | 8/21/2020 |
| | PPG | Photo Permission Granted | | 8/21/2020 |
| | VA002 | DAPP #3 | Overdue | 9/12/2019 |
| | VA032 | Oral Bordetella #2 | Overdue | 9/12/2019 |
| | ANT063 | Fecal (Ova and Parasite) (T805) | | 3/12/2020 |
| | VA009 | Lyme (Booster) 1 year | | 9/13/2020 |
| | VA030 | Lepto 4-Way (Booster) 1 year | | 9/13/2020 |
| | VA010 | Rabies (1 year) | | 10/4/2020 |
| | PRO12L | ProHeart 12 injection (55.1-60) lbs | | 12/19/2020 |
| | LI005 | Heartworm/Tick (4DX) Test | | 12/19/2020 |

| Problem List for Cal: | Code | Description | Date |
|-----------------------|----------|------------------------|------------|
| | WOUND | Wound Care | 12/20/2019 |
| | DEW2 | Has 2 front dew claws. | 8/22/2019 |
| | ONNEXGAR | Pet on NexGuard. | 8/22/2019 |
| | ONHGC | Pet on Heartgard Chews | 8/22/2019 |

Patient History:

EXAM **Shahid Chughtai** **12/20/2019**

Objective:

Labs:

Heartworm/Tick (4DX) Test

Sample Date: 12/20/2019 12:00 AM

Sample Info:

Patient Info:

Test Date:

Assessment:

| | | |
|------------|-----------|------------|
| Wound Care | Diagnosis | 12/20/2019 |
|------------|-----------|------------|

Plan:

| | | | | |
|------------------------------|------|-----------------|------------|----------|
| Laceration Repair (30 mins.) | 1.00 | Shahid Chughtai | 12/20/2019 | Invoiced |
| Exam: Medical Exam | 1.00 | Shahid Chughtai | 12/20/2019 | Invoiced |

- A 2 inch long laceration between toes in front right paw. Will need suturing
- Has the pet experienced any substantial weight loss recently? None
- Does the pet have a history of allergic reactions to injections or vaccines? None

OPTIONS OFFERED TO THE OWNER=

Sedation
Suturing

OPTIONS ELECTED BY THE OWNER=
All

Injectable Sedation 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

---Sedation/Injections---

inj. Telazole 1.5 mL/IM

Procedure Notes: Laceration repair front right foot. Laceration was irrigated, repaired and a soft bandage was placed. Adequate room was left for swelling.

Recovery:

-Patient was placed in recovery with warm blankets.

-Size #30 e-collar was placed

-Uneventful

Tech:MS

Operating Room & Sterile Supplies 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Minor Surgical Pack 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Wound Care & Cleanse 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

-Shaved

-Disinfected.

-Wrapped.

Technician Services 1.00 *Technician* 12/20/2019 *Invoiced*

Pain Injection 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Inj. Ketofen 0.6 ML SQ scruff

Antibiotic Injection 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Inj. Crystalcillin 1 ML SQ scruff

In-Hospital Patient Care 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

State Medical Disposal Fee 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Blood/Urine/Fecal Collection 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Heartworm/Tick (4DX) Test 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Anaplasmosis= Negative

Ehrlichiosis= Negative

Heartworm= Negative

- Heartworm preventative dispensed (if any):

-Administered Inj. ProHeart 12.

ProHeart 12 injection (55.1-60) lbs 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Injection ProHeart 6/12: 1.34 mL SQ

Location (Between shoulder blades R)

Injection administration and supplies. 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

E-Collar #30 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Amoxicillin 500 mg 14.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Forti-Flora Canine Individual Packets 7.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Suture removal in 10 days. 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Keep bandage clean and dry. 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Bandage/Dressing Change 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

IV Cath or SQ Fluid Therapy (with Surger 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Attached to LRS infusion; (200)mL given over duration of procedure.

Injection administration and supplies. 1.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Acepromazine 25 mg 2.00 *Shahid Chughtai* 12/20/2019 *Invoiced*

Notes:

- Injured front right paw at dog park.
- Bleeding between toes

Invoice on 12/20/2019

Shahid Chughtai

12/20/2019

Plan:

| | | | | |
|-----------------------------|------|-----------------|------------|----------|
| Calming Care (Canine) 45 CT | 1.00 | Shahid Chughtai | 12/20/2019 | Invoiced |
|-----------------------------|------|-----------------|------------|----------|

