



Monica Schultz
City Clerk
City Clerk's Office
414.302.8220
mschultz@westalliswi.gov

Patricia Goehring
2177 S. 107 St.
West Allis, WI 53227

June 27, 2017

Subject: Decision by City of West Allis Administrative Appeals Review Board (AARB) in regard to the Appeal of the Dangerous Dog Order for Patricia Goehring of 2177 S. 107 St.

Dear Ms. Goehring:

This letter is to formally notify you of the determination made by the City of West Allis Administrative Appeals Review Board (AARB) from its meeting on June 26, 2017 regarding your appeal.

At the meeting, the Board decided unanimously to rescind the Dangerous Dog Order for your dog, Sammy.

Thank you for the time you took in making your appeal and attending the meeting. If you have any questions, or need further information or clarification, please feel free to contact me.

Sincerely,

Monica Schultz
City Clerk

Enclosure

cc: Mayor Devine
Health Commissioner
City Attorney
Police Department

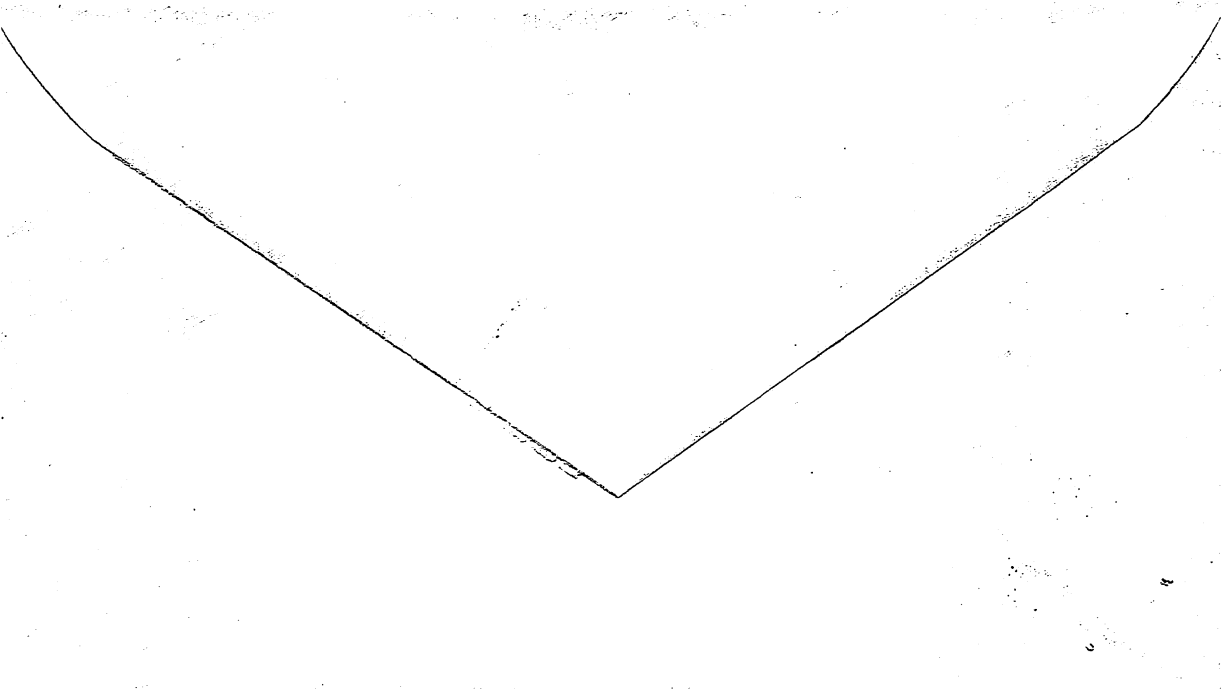


Patricia R. Goehring
2177 S. 107 Street
West Allis, WI 53227



The City Clerk
City Hall
7525 West Greenfield Ave.
West Allis, WI

4-25-17 - 30 days
Order Dangerous Dog
My written objection to
order 7126(6)



On April 25 my dog was declared a dangerous dog.

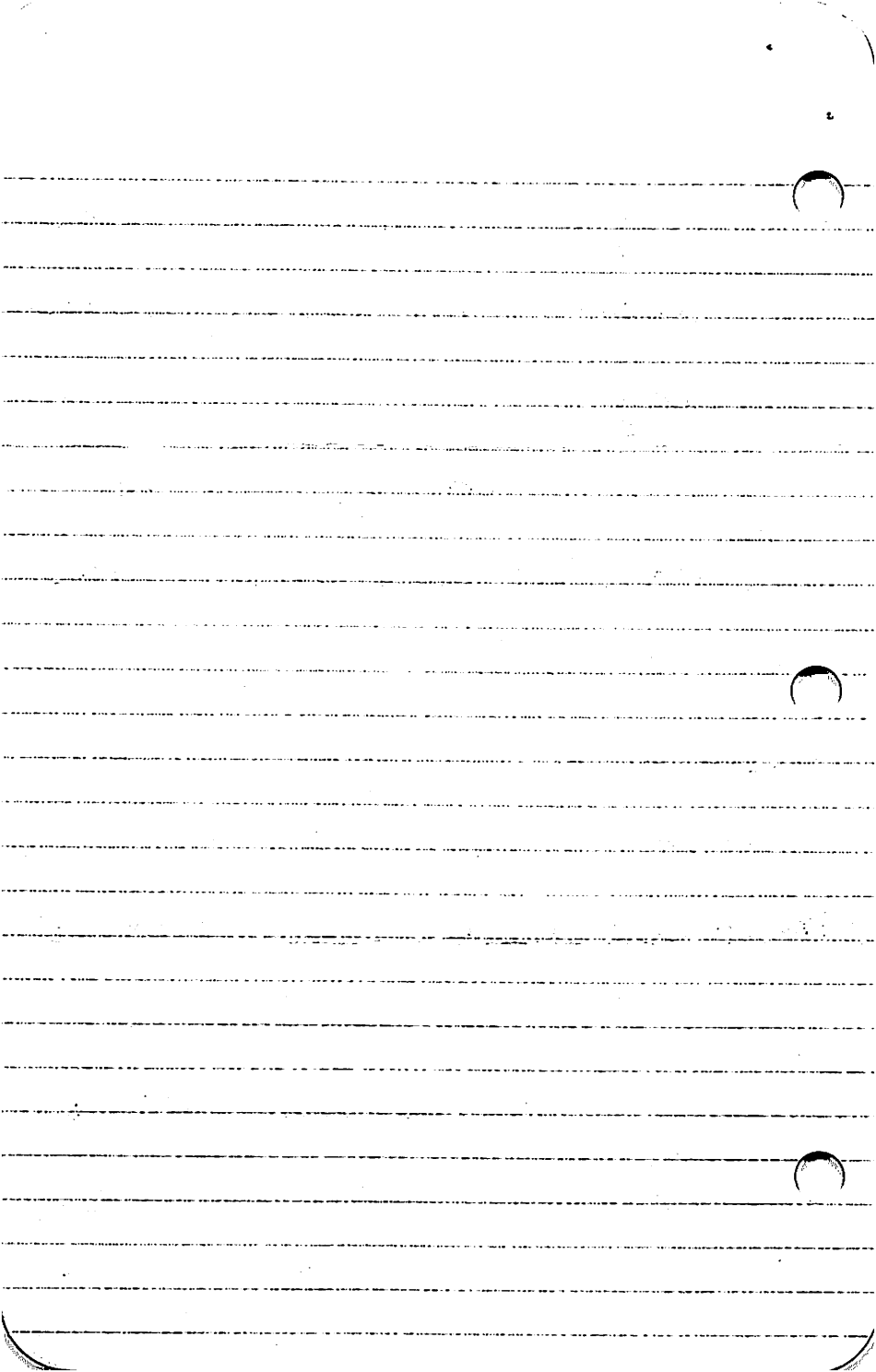
I am sending this letter to contest this dangerous dog order.

He is a loving pet and a good Companion for me.

He also loves other people and other animals.

He is a mild mannered dog who listens well.

Sammy plays with my Cat

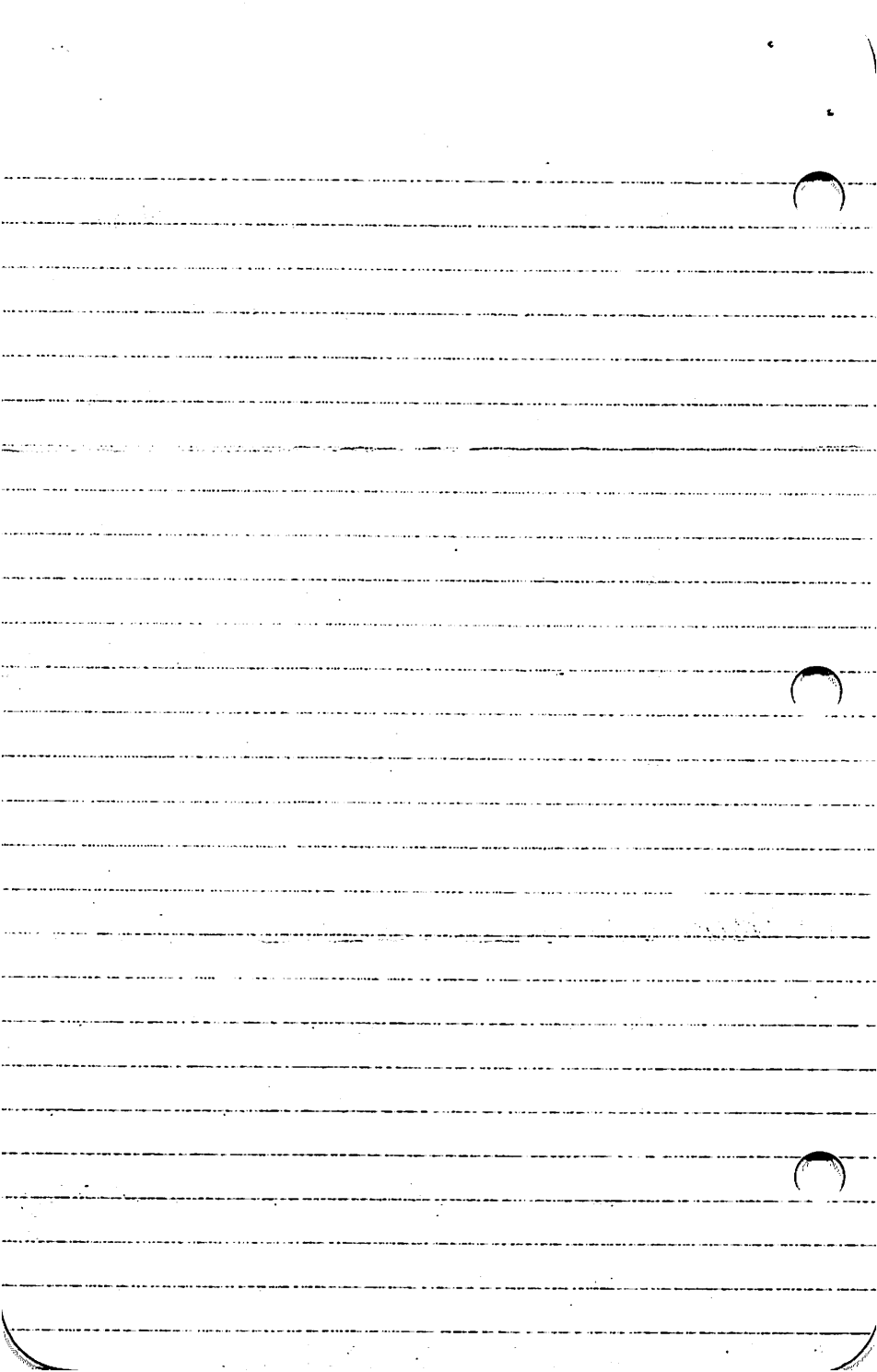


and gently shares table scraps with him.

My neighbor and I walk our dogs together 2 to 3 times a day.

He walks nice and behaves well. He is not an aggressive dog.

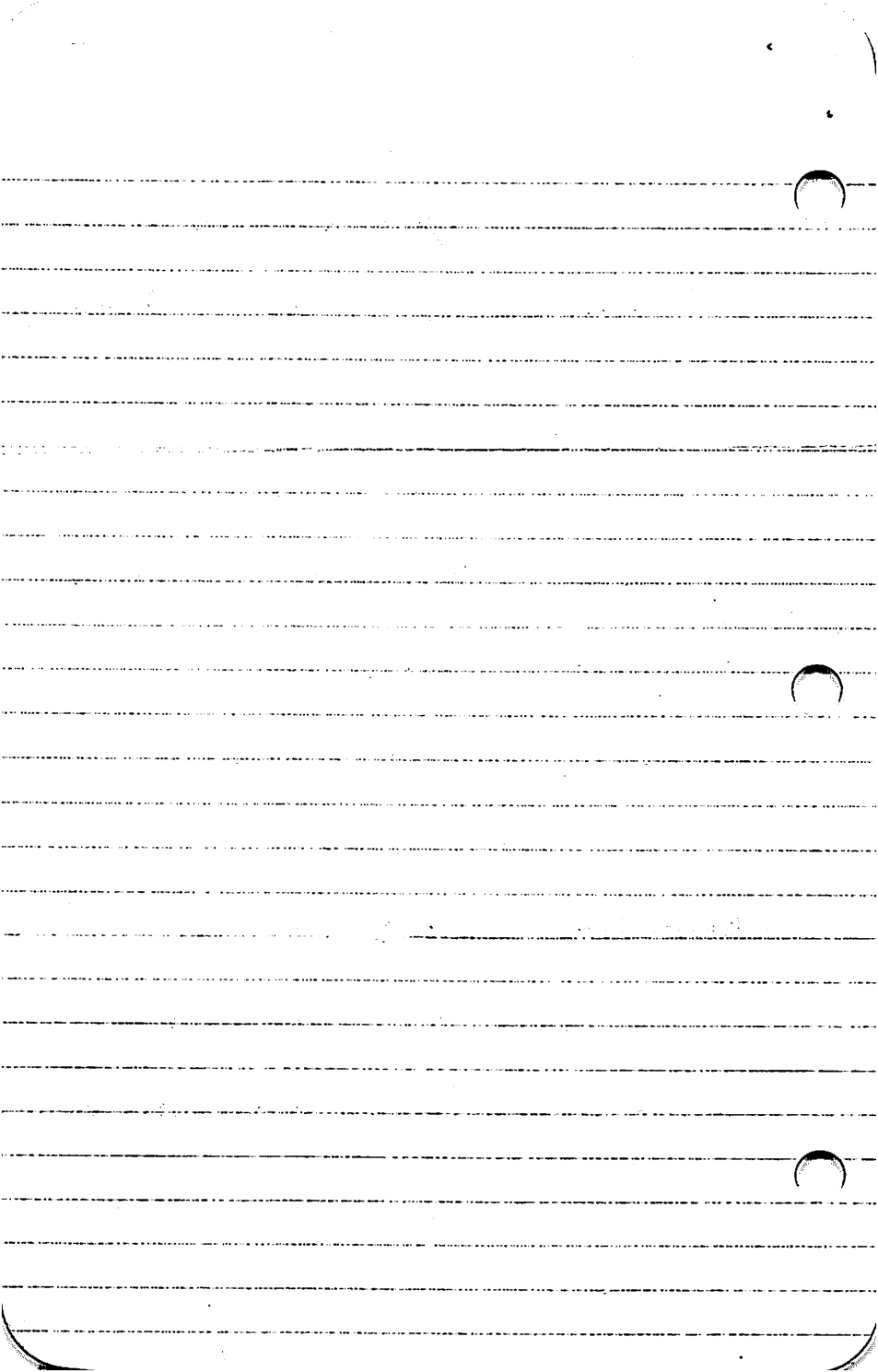
My 2½ year old Great Granddaughter loves to play red light with him and plays squeaky toys and give him treats to him.



I really enjoy Sammy and I'm glad I was able to give him a new home. He has given me so much joy and good company.

Sammy is a happy and lovable pet.

In November my son called and asked if I would take Sammy (an 18 LBS Bichon Mix) as his new job (a semi driver)



Kept him away 20 hrs.
 every 2 to 3 and no-
 one to watch the dog.

Patricia R. Goehring
 2177 So. 107 St
 West Allis, WI
 53227

RECEIVED
 MAY 22 2017
 CITY OF WEST ALLIS
 CITY CLERK

Oper: WALSJML	Type: CC	Drawer: 1
Date: 5/19/17 01	Receipt no: 35971	
AI	APPEAL-ARRB	
GOEHRING, PATRICIA	1.00	\$50.00
CK CHECK, PAYMEN	2470	\$50.00
Total tendered		\$50.00
Total payment		\$50.00
Trans date: 5/22/17	Time: 15:41:11	

UNIVERSITY

1900 R. E. Vail

100, 100, 100, 100
100, 100, 100, 100

NORWOOD ANIMAL CLINIC, S.C.

5345 N. Lovers Lane Rd.

Milwaukee, WI 53225

(414) 463-9760

Account: 3809

Invoice: 287178

Date: 05/22/2017

Page: 1

Patricia Goehring
2177 S. 107th St.
West Allis WI 53227

Patient: SAMMY
Species: Canine
Breed: Bichon Mix
Color: Tan
Doctor: Shana Loomis, DVM Petvet

Age: 8
Sex: MN
Tag:
Weight: 18.00

Phone: (414)545-7576

Service/Item	Qty	Price	Amount
AKCCAR Micro Chip Insertion	1.00	51.25	51.25
Discount	1.00	0.00	-5.12

Tax	0.00
Net Invoice	46.13
Previous Balance	0.00
Payment 2469	46.13
Check 46.13	

Balance Due	0.00
-------------	------

Reminders:

July 5, 2018	Rabies - 3 year
April 12, 2018	Int. Parasite and Giardia
April 17, 2018	1 yr. Leptosporosis 4 way
April 17, 2018	Heartworm/Tick Combo Test
April 17, 2018	Annual Wellness Exam
April 17, 2018	Bordetella Parainfluenza Oral
April 16, 2020	3yr.Distemper,Adenovirus,Parvo

Thank You



**ONE IN THREE PETS
WILL GO MISSING
IN THEIR LIFETIME**

Enroll now at **AKCREUNITE.ORG** or
send this completed form to AKC Reunite.

BE SURE TO INCLUDE YOUR MICROCHIP # BELOW



956000005549608

MY PET'S INFORMATION

Pet Name: Sammy

Species: ☒ Dog ☐ Cat ☐ Other _____

Breed: Bichonx

☒ Male ☐ Female Spayed/Neutered: ☒ Yes ☐ No

Date of Birth: 4/2009

Color/Markings: Tan

AKC Registration # (if applicable): _____

PRIMARY CONTACT INFORMATION

First Name: Patricia Goehring

Last Name: _____

Address: 2177 S. 107th St

City: West Allis WI

Zip: 53227 Country: USA

Phone 1: 345-7576

Phone 2: _____

ALTERNATE CONTACT INFORMATION

First Name: _____

Last Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

PET'S VETERINARIAN

Name of Clinic: Norwood Animal

Phone: 414-403-9760

YOUR MICROCHIP ENROLLMENT IS PREPAID!

☒ Lifetime Enrollment _____ \$ Included
Valid for prepaid microchips only. \$19.95 value.

WANT EXTRA PROTECTION FOR YOUR PET?

☐ Activate Lost Pet Alert for ONLY \$15.00 _____ \$ _____

A broadcast of your lost pet's information to a network of animal shelters, veterinarians and pet lovers in your immediate area.

☐ Designer Collar Tag Upgrade ONLY \$6.95 _____ \$ _____



SAVE over 10% at the time of enrollment for
a durable collar tag featuring pet's name and
microchip ID number.

(Write Your Pet's Name, up to 12 letters)

GRAND TOTAL: \$ 0

PAYMENT INFORMATION

Please enclose a check or money order payable to AKC Reunite
or pay by credit card.

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account Number: _____

Expiration Date: _____

Cardholder Printed Name: _____

Cardholder Address: _____

AKC Reunite
8051 Arco Corporate Drive, Suite 200, Raleigh, NC 27617
akcreunite.org | 800-252-7894 | found@akcreunite.org

DETACH HERE



**IMPORTANT
MICROCHIP
INFORMATION**



KEEP THIS PAGE FOR YOUR RECORDS:

Pet Name: _____



956000005549608

DETACH HERE

DETACH HERE

**HOW TO REPORT A
LOST OR FOUND PET**

To report a lost or found pet by phone,
please call our 24-hour recovery hotline at
800-252-7894, or report a found pet online
by visiting **www.akcreunite.org**.



You Are Notified to Appear

Appearance Required:

NO

Date

Jun-05-2017

Time

08:30 AM

Form No. and Version CTL CITATION NO.

MUNI

0405

1S80JFSSML

WEST ALLIS CITY MUNICIPAL COURT

11301 W LINCOLN AVE

WEST ALLIS, WI 53227

Juvenile

DEPOSIT

Cash - Card

\$439.00

N N

Court Use

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

Birth Date

Sex

Race

GOEHRING, PATRICIA R

1/6/1938

F

W

2177 S 107TH ST

HT

WT

Hair

Eyes

WEST ALLIS, WI 53227

502

145 lbs

GRAY

BLUE

Driver License/Identification Card

State

Exp. Yr.

G652-6963-8506-00

WI

2021

Other Identification Number

ID Type

License Plate Number

Plate Type

State

Exp. Yr.

Defendant Telephone Number

Name and Address of Parent/Guardian/Legal Custodian
(If minor defendant)

Telephone Number of Parent/Guardian/Legal Custodian

Plaintiff

Ordinance Violated

Adopting State Statute

City of WEST ALLIS

wa-7.126(4)(a)

Violation Description

Ordinance Description

HARBORING A VICIOUS DOG

Week Day

Date

Time

Apr-25-2017

03:36 PM

At Location

On S 107TH ST At W GRANT ST

County

City/Village/Town

MILWAUKEE - 40

WEST ALLIS - 60, City

Agency Space

17-015064

Officer Name

OFFICER P. TAYLOR

Date Citation Served,

Apr-26-2017

Method

MAILED

Officer ID

Department

2555

WEST ALLIS POLICE DEPARTMENT

Residence Contact Name

Age

(If left with person at defendant's address)

INSTRUCTIONS - READ CAREFULLY**MANDATORY APPEARANCE?**

If your citation is marked as a mandatory court appearance, you **MUST** appear in court. The "appearance not mandatory" instructions do not apply to you.

APPEARANCE NOT MANDATORY?

IF YOU WISH TO DISPUTE THE CITATION, you must either appear in court or enter a "not guilty" plea by mail prior to your court date. You may do so even if you have already paid the deposit or posted a bond. Please include either:

- a photocopy of your citation, **OR**
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

These should be mailed to the court address written under "YOU ARE NOTIFIED TO APPEAR". The court will schedule another court date and/or a trial before a judge without a jury.

IF YOU DO NOT WISH TO DISPUTE THE CITATION.

simply mail in the deposit amount on the citation by the court date, with a statement saying you do not wish to contest the citation.

Please include either:

- a photocopy of your citation, **OR**
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

Make check payable to the clerk of court and mail it to the court address written under "YOU ARE NOTIFIED TO APPEAR". You do not need to appear. The court will either:

- accept your nonappearance as a plea of no contest, find you guilty and keep the deposit amount as payment for your citation; **OR**
- decline to accept the deposit and order you to appear in court by summons or warrant.

IF YOU DO NOTHING, the court may either:

- issue a warrant for your arrest, **OR**
- issue a summons for you to appear in court, **OR**
- find you guilty for failing to appear in court and order you to pay the forfeiture and costs imposed by the court.

WISCONSIN NON TRAFFIC CITATION AND COMPLAINT

**CITY OF WEST ALLIS MUNICIPAL COURT
PERSONAL RECOGNIZANCE BOND**

DATE

6-5-17

VIOLATION

1st/2nd Viol. Dog

CITATION #

1580 SFSSML

I, Patricia R. Goehring

, understand that I have been cited for the violation above mentioned, and have been ordered to appear in the West Allis Municipal Court

on

6-5-17

at

8:30

AM

PM

In consideration of my being released on my own personal recognizance, I am executing this personal recognizance bond with the understanding that should I fail to stipulate to the violation by the above Court date, or fail to appear in the West Allis Municipal Court on the above date and time, the Court shall enter a plea of no contest to the above charge on my behalf and further enter judgment of a forfeiture plus all costs and penalty assessment (which amount will not be less than the amount entered on the citation) and that my failure to pay within 30 days after date of judgment will result in the issuance of an order committing me to the House of Correction for a period of up to 30 days, AND/OR the suspension of my driver's license for a period of five years.

Signature of Defendant

Pat Goehring

WEST ALLIS POLICE OFFICER

BADGE NO.

T. J. V.

150

170

17-015064

ORDER DANGEROUS DOG

RECEIVED
MAY 01 2017
WEST ALLIS
CITY ATTORNEY

Date: 4-25-17

Owner's Name(s): Patricia R Goehring

Address: 2177 S 107 St

Address: West Allis, WI 53227

Name of Dog: Sammy

Description of Dog: White, Pekingese

Pursuant to West Allis Revised Municipal Ordinance 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 requirements of 7.126(6) (See back of 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 Assistant City Attorney Jenna Merten at (414) 302-8450.

Signature: Taylor West Allis
Name of Officer / Department

Service:

Date/Time: 4-25-17, 1630

Name of person served: Patricia R Goehring

Location: 2177 S 107 St.

17-015064

West Allis Health Department Rabies Quarantine Order



Public Health
West Allis Health Department

Animal Owner's Name: Patricia R Goehring

Animal Owner's Address: 2177 S. 107 St.

Animal Owner's Telephone Number: 545-7576

Name of Animal: Sammy Type of Pet: ☒ Dog ☐ Cat ☐ Other (List) _____

Date Bite Occurred: 4-25-17 Was a person bitten? ☒ Y ☐ N Did the Bite Break the Skin? ☒ Y ☐ N

Date of Animal's Rabies Vaccination: 7-6-15 Dog/Cat License Tag Number: Not Registered

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.

Patricia R Goehring
Animal owner name (print)

Pat Goehring 4-25-17
Animal owner signature Date

Paul Taylor Hass
Serving official name (print)

[Signature] 4-25-17
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


Date:

04/25/2017

CFS Code-1: 7399G

Incident Report Number:

17-015064

West Allis Police Department		Incident Report	
			
Incident: Dog/Cat/Animal Bite			
Incident Report Number: 17-015064		Between: Date - Time	And/At: Date-Time 4/25/17 15:36
Incident Location: 2177 S 107 St, West Allis, WI, 53227			
CFS Code-1: 7399G	CFS Code-2: ZMS9872	CFS Code-3:	Offense Code-4:
CFS Code-5:	CFS Code-6:	CFS Code-7:	CFS Code-8:
V	Name (Last, First, Middle) Kusik, Kay M	DOB: 01/27/1938	Race/Sex W/F
Address: (Address, City, State, Zip) 2146 S 105 St, West Allis, WI, 53227			Home Phone Number (414) 543-3433
Employer			Work Phone Number
Employer Address			Cell Phone Number
O	Name (Last, First, Middle) Goehring, Patricia R	DOB: 01/06/1938	Race/Sex W/F
Address: (Address, City, State, Zip) 2177 S 107TH ST;WA, WEST ALLIS, WI, 53227			Home Phone Number (414) 545-7576
Employer			Work Phone Number
Employer Address			Cell Phone Number
<p>SUMMARY</p> <p>Officer Taylor reports ***DOG BITE*** On 04/25/17, at 1536 hours, Officers responded to 2138 S. 105 St. to speak with the caller regarding a dog bite which occurred at 2177 S. 107 St. The investigation revealed an 8 year old white Pekingese dog, named "Sammy," bit Kay M. Kusik (F/W, 01/27/38) twice on her left leg, causing bleeding. Kay went to the hospital. Sammy's owner, Patricia R. Goehring (F/W, 01/06/38) provided the rabies information and agreed to quarantine Sammy. This information will be forwarded to the Health Department.</p>			
Vehicle Information: (Year, Make, Model, Style, Color)			
License Number:	State:	Expiration Year:	Vin: Insurance Company:
Other Vehicle Information:			NCIC#
Reporting Officer(s): Taylor, Paul		Payroll Number: 2555	Payroll Number: Report Date: 04/25/2017
Time Received: 15:36:07	Time Cleared: 16:48:33	Unit(s) Assigned: 232, 233	Pages: 1 Of 3
Reviewed by: Clerical and Coding Manz, Tracy		Payroll Number: 9656	Copy To

West Allis Police Department**Continuation**

Incident Report Number

17-015064

Incident Location:

2177 S 107 St, West Allis, WI, 53227

Incident Date:

04/25/2017

NARRATIVE**INITIAL CALL**

On 04/25/17, at 1536 hours, Officers responded to 2138 S. 105 St. to speak with Kay M. Kusik regarding being bitten by a dog at 2177 S. 108 St. Upon arrival, I spoke with Kay. She told me she was walking eastbound on W. Grant St., on the roadway, when a small white dog came from the above address and bit her twice on the left leg, puncturing the skin. Kay was unable to shoo the dog away as she was carrying groceries, but the dog did not follow her as she walked away since it was affixed to a leash. Once Kay got home, she went to her neighbor's house, 2138 S. 105 St. where she called police. She explained the dog's leash was too long and allowed the dog to get off of the property. Kay request Patricia, the dog's owner, be cited, and Kay told me she would be going to the hospital for medical treatment, however denied an ambulance.

PHOTOGRAPHS

I took the following photographs regarding this incident:

- 01) Overview of victim's legs with two bloody bite marks.
- 02) Close up of bite mark.
- 03) Close up of bite mark.
- 04) Close up of bite mark.
- 05) Victim's face.

These photographs were uploaded to DIMS.

CONTACT-PATRICIA R. GOEHRING-DOG OWNER

Patricia told me she was outside during the incident, and knows the victim, Kay. She explained the dog's name is Sammy, was born 05/28/08, and is a white male Pekingese. Prior to the bite, Patricia did not know Sammy's leash extended beyond her property. She told me she got Sammy from her son approximately 8 months ago, and since that time Sammy bit a male subject but told me the bite had not been reported.

As of the time of this report, Sammy had not been registered through West Allis, but was currently up to date on his rabies vaccination.

PAPERWORK

Patricia signed the Dangerous Dog order and the Rabies information sheet, and was provided with the appropriate copies. She agreed to the provisions of quarantining Sammy.

Reporting Officer(s):

Taylor, Paul

ID Number

2555

ID Number

Pages

2 Of 3

West Allis Police Department**Continuation**

Incident Report Number

17-015064

Incident Location:

2177 S 107 St, West Allis, WI, 53227

Incident Date:

04/25/2017

BOOKING

Patricia was booked out of custody under Phoenix Booking #17-001590 for this incident and issued TRACS municipal citation 1S80JFSSML for the offense, with a local court date of 06/05/17, at 0830 hours.

DISPOSITION

This is the second time this year the WAPD has received a complaint regarding Sammy. On 02/13/17, I responded to Patricia's residence regarding a leash complaint 17.005563. This report will be forwarded to the Health Department. The paperwork was forwarded to Sergeant Boree.

Reporting Officer(s):

Taylor, Paul

ID Number

2555

ID Number

Pages:

3 Of 3



West Allis Police Department
11301 W Lincon Ave | West Allis, WI 53227 | Phone: (414) 302-8000

Monday, May 22, 2017
5:53:02 pm

Call Detail Report2

** For official use only **

17.005563 2177 S 107 St;WA Animal Complaints (AC)

Reported 02/13/17 16:06 Reported Location: 2177 S 107 St
Priority 3

Units 233 - pt2555 - Taylor, Paul

Stacked 16:08:15
Dispatched 16:08:47
Arrived 16:18:53
Finished 16:29:05
Disposition Cleared/No Report

Notes

-

02/13/17 16:08:47 Dispatched: 233

js1202 - Strauss, James

02/13/17 16:06:59 Small dog in front of this address is loose barking and running after people. Annon neighbor complainant.

Names

Goehring, Patricia R
2177 S 107TH ST
WEST ALLIS WI 53227

Sex: Female Race: White DOB: 01/06/38

Involvement(s):

Contact

Unit History

CC	Date/Time	Unit	Officer	Operator	Disposition
FI	02/13/17 16:29:05	233	pt2555	js1202	Update
OS	02/13/17 16:18:53	233	pt2555	pt2555	
AC	02/13/17 16:14:01	233	pt2555	pt2555	
DI	02/13/17 16:08:47	233	pt2555	js1202	

Summary :

Officer Taylor reports ***ANIMAL COMPLAINT*** On 02/13/17, at 1606 hours, I responded to 2177 S. 107 St. for a report of a possibly loose dog. Upon arrival, I made contact with the owner, Patricia R. Goehring (F/W, 01/06/38) and the dog, Sammy, an 8 year old male Ahan/Pomeranian, white in color, who was non-aggressive and remained in the yard. Patricia told me she commonly lets Sammy outside without a leash as he is trained to not leave the yard. I advised her of the leash requirements in West Allis.

Contact Numbers

Goehring, Patricia R

Home

(414) 545-7576

SUBPOENA

CITY OF WEST ALLIS : ADMINISTRATIVE APPEALS REVIEW BOARD : MILWAUKEE COUNTY

STATE OF WISCONSIN)
) ss
COUNTY OF MILWAUKEE)

THE STATE OF WISCONSIN TO:

KAY M. KUSIK
2146 South 105th Street
West Allis, Wisconsin 53227

PURSUANT TO SECTION 805.07 OF THE WISCONSIN STATUTES, you are hereby
commanded to appear in person before the West Allis Administrative Appeals Review Board,
7525 West Greenfield Avenue, Room 128, West Allis, Wisconsin, on the 26th day of **June 2017**,
at **4:00 p.m.**, to give evidence in the matter of the appeal of the Dangerous Dog Order of
Sammy, owner Patricia R. Goehring. Failure to appear may result in punishment for contempt
which may include monetary penalties, imprisonment and other sanctions.

Issued this 14th day of June, 2017.

CITY OF WEST ALLIS

Jenna Merten, Assistant City Attorney

P.O. Address:
7525 West Greenfield Avenue
West Allis, Wisconsin 53214
414/302-8450

Service admitted this _____ day of
_____, 2017.

X

Signature of Witness









