



1
On April 25 my dog was
declared a dangerous
dog.

I am sending this letter
to
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: MRLSJM	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	

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.



956000005549608

BE SURE TO INCLUDE YOUR MICROCHIP # BELOW

MY PET'S INFORMATION

Pet Name: Sammy

Species: ☒ Dog ☐ Cat ☐ Other

Breed: Bichon

Sex: ☒ 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

State: WI

Zip: 53201 Country: USA

Phone 1: 545-7516

ALTERNATE CONTACT INFORMATION

First Name: J

Last Name:

Phone 1:

Phone 2:

Email:

PET'S VETERINARIAN

Name of Clinic: Westwood Animal

Phone: 414-203-4100

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:

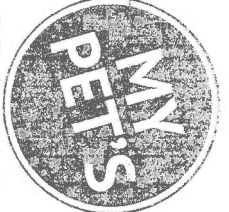
Expiration Date:

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

**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.



DETACH HERE

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.

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

G652-6963-8506-00

WI

2021

Other Identification Number

ID Type

License Plate Number

Plate Type

State

Exp. Yr.

Defendant Telephone Number

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

Harbor View 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

830

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. K.

150

170

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)