

09-06-17

I would like Contest the
dangerous Dog Order. Due to a
Kid that was abusive to ~~to my~~
my dog & mistreating my dog.
So my dog was defending him
Self. He is a very good dog &
never has bit anyone before.

Kelli Parker

RECEIVED

SEP 06 2017

CITY OF WEST ALLIS
CITY CLERK

Patient Log**SAINT PAUL VETERINARY CLINIC**

KELLE G PARKER
2067 S 78TH ST
WEST ALLIS WI 53219

Patient: ZEKE
Species: CANINE
Breed: Shepherd Mix
Color: Black & Tan
Doctor: Zachary Rieck DVM

DOB: 12/10/2009
Age: 7
Sex: MN
Tag: 163265
Weight: 107.00

Acc. No: 30326
Phone: (414)640-4185

Log: Rabies exam

Dr: Jenna Buley DVM

Log Date: 08/23/2017

HX: here for rabies exam/just bit someone a few hours ago. Otherwise doing well at home; no vomiting/diarrhea, coughing/sneezing, good appetite/energy level.

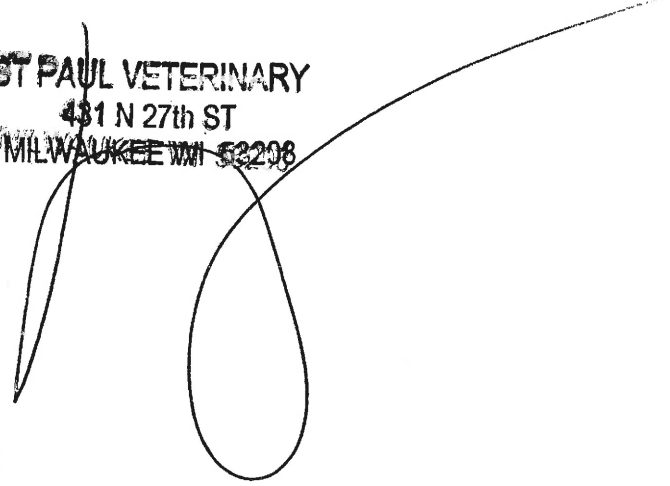
PE: BAR; EENT: mod tartar/gingivitis, MM pk, CRT < 2 sec, all else WNL; PLNs: WNL; Int: WNL;

M/S: WNL; Abd: WNL; CV: WNL; Resp: WNL; N/S: WNL; very friendly/amenable to entire exam

DX: very well behaved/friendly, healthy dog; no evidence of neurologic abnormalities

TX: none at this time

ST PAUL VETERINARY
431 N 27th ST
MILWAUKEE WI 53208



St Paul Veterinary Clin
431 N 27th Street
Milwaukee, WI 53208
414-342-7800
39307302078112

Account: 30326
Invoice: 178765
Date: 08/23/2017
Time: 6:38 PM
Page: 1

SALE

MID: 8112 Store: 0001 Term: 0005
Batch #: 601 REF#: 00000023
08/23/17 RRN: 723523610537
Trans ID: 307235848814801 18:34:41
APPR CODE: 017575
VISA
*****0501C

AMOUNT

\$51.00

APPROVED

VISA DEBIT
AID: A0000000031010
FVR: 80 80 00 80 00
St: 68 00

THANK YOU!

CUSTOMER COPY

ZEKE
CANINE
Shepherd Mix
Tag: 163265
Age: 7
Sex: MN
Weight: 97.00

Doctor: Jenna Buley DVM

	Qty	Price	Amount
IT	1.00	0.00	0.00
#1	1.00	51.00	51.00
Tax			0.00
Net Invoice			51.00
Previous Balance			0.00
Payment			51.00
Card 51.00 (VISA)			
Balance Due			0.00

Reminders: Oct. 20, 2017 DA2PPL4
Oct. 20, 2019 RABIES VACC 3 YEAR

Thank You

ACCOUNTS PAST DUE WILL RECEIVE A 2% FINANCE CHARGE & \$5.00 SERVICE CHARGE

17-0333413

ORDER DANGEROUS DOG

Date: 8/23/17

Owner's Name(s): Kelle Parker

Address: 2067 S 78 St

Address: _____

Name of Dog: Zeke

Description of Dog: Shepherd hound mix, male, 9 yo
black, tan, white

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 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 file an appeal pursuant to the provisions of Section 7.126(5)(b).

If you have questions about this order, please contact Assistant City Attorney Jenna Merten at (414) 302-8450.

Signature: Kenn Munkit West Allis P.D.
Name of Officer / Department

Service: (check one)

☒ in-person

☐ mail

If in person, complete the following:

Date/Time: 8/23/17 @ 1723 hrs

Name of person served: DWRT

Location: 2067 S 78 St

17-033343

Allis Health Department Rabies Quarantine Order



Public Health
West Allis Health Department

Owner's Name: Kelle Parker

Owner's Address: 2067 S 78 St

Owner's Telephone Number: 4-759-2955

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

Date Bite Occurred: 8/23/17 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: N/A

Victim's Name: Antonio Em McDowell Victim's Address: 5142 N 72nd St

Victim's Phone/Cell: 414-839-8658 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.

Kelle Parker
Animal owner name (print)

Kelle Parker 8-23-17
Animal owner signature Date

KEVIN MUSSATTI
Serving official name (print)

Kevin Mussatti 8/23/17
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