REDEMPTION
VETS
TEL. CALL/GAS

98331

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I Huston Dillon hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the Aug 23rd day of _____, 19 84.

2. That the place of injury was Home Valley

3. That the location and description of the defect which caused the injury are Home of Huston Dillon. Dog taken off property without consent, was in dog pound 7 days resulting in sickness —

4. That the injury is described as follows: _____

5. That the amount of damages claimed is as follows: $ 79 50

6. That the actual residence of the claimant at the time of presenting and filing this claim is Home Valley

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was _____

DATED: Oct 4, 19 84.

Mrs Huston R Dillon
(Claimant)

RECEIVED
SEP 21 1984
SKAMANIA COUNTY
COMMISSIONER

September 19, 1984
Carson, Wash. 98610

Skamania County Commissioners
Skamania County Court House
Stevenson, Washington

Dear Sirs,

Around the date of August 23 the animal control officer came to our house and took our dog with-out my permission nor knowledge. He took him to the dog pound at Vancouver where my dog stayed about seven days. He got very ill and almost was put to sleep by the pound authorities had we not been persistant in looking for him he would have been put to sleep the same day we finally found him.

I personally feel the officer should have to have a householder release the dog to him in order to assure the proper animal ~~is~~ being picked up. That was part of the problem here, the dog that was to be picked up was at our neighbors house and not even the same

type of dog. The one reported was not picked up at all, until reported again, three days later. This should have let the officer know he took the wrong animal three days earlier - but, he never got in touch with no one here about taking our dog by mistake.

I feel the county should pick up the doctor bill as well as the phone calls and gas expenditures. I am including the bill from my vet, gas and phone is about twenty dollars more.

I don't want to sound unappreciative of the service, but it is being handled in some ways very poorly. One should not have to be concerned about losing their personal pet, just because the officer is in their area that day.

Disgusted County Resident,
Kristine Dillon

HUMANE SOCIETY OF VANCOUVER • CLARK COUNTY

2323 N.W. 26th EXT.
VANCOUVER • WASHINGTON
PHONE: 693-4746

15005

Date In

TRUCK STRAY ☐ OFFICE GIFT ☑ CAT ☐ DOG ☒ OTHER ☐

SICK ☐ IMMATURE ☐ AGED ☐ INJURED ☐ DOA ☐ OWNER PTS ☐ PTS ☐

GOOD WITH CHILDREN YES ☐ NO ☐ HOUSEBROKEN ☐ WORMED ☐

SHOTS: DOGS D ☐ H ☐ L ☐ P ☐ P ☐ R ☐
CATS FE ☐ R ☐ C ☐ R ☐ DATE

LOCATION F W CAGE / KENNEL NO. 24 ID

NO. LITTER NAME AGE

BREED MALE ☒ FEMALE ☐ COLOR

STATEMENT OF ADOPTION

I hereby acknowledge receipt from you of the animal described above. Although I understand that every animal given out has been inspected, nevertheless I appreciate that you make no warranty in regard to it, whether as to ownership, condition, or otherwise, and that you can only give me such information as you have received with regard to the animal. If at any time I desire to relinquish custody, or THE HUMANE SOCIETY demands its return for any reason, I agree to return the animal to THE HUMANE SOCIETY, making no charges of any character for licensing, care, food, or other service or thing. I shall be personally responsible for the humane care and control of the animal and your agent shall be allowed to see it at any time. I further understand that any sum I have given to THE HUMANE SOCIETY is a **donation** towards its work in caring for this and other animals.

Board of Clark Co

ADOPTION FEE'S PJ of PRINTED NAME Ray Lee Ray Lee

ACKN. BY ADDRESS R.R. 2 Box 80

PHONE NO. 247-5958 CITY STEVENSON ZIP 98648

STATEMENT OF SURRENDER

15005

I certify that I DO/DO NOT own the animal described above, and I hereby surrender all my interest, if any, therein to THE HUMANE SOCIETY, and I request that the animal be disposed of as seems advisable in the discretion of THE HUMANE SOCIETY. It is expressly agreed that said HUMANE SOCIETY, including its officers and employees, will not incur any obligation to me on account of such disposition of said animal. I certify that said animal HAS/HAS NOT bitten any animal or human within the last ten (10) days.

SIGNATURE X

SERVICE FEE'S PRINTED NAME

ACKN. BY ADDRESS

PHONE NO. CITY ZIP

COMMENTS:

RECEIPT FOR ANIMAL

THE DALLES
VETERINARY HOSPITAL
408 WEST 3RD.
THE DALLES, OREGON 97058
(503) 296-9191

ALPINE
VETERINARY HOSPITAL
209 LINCOLN
BINGEN, WASHINGTON 98605
(509) 493-3908

OWNER Dustin Dillon
ADDRESS
CITY STATE ZIP
ANIMAL DATE 9-17-84
DIAGNOSIS

CODE		AMOUNT
	MILEAGE	
	PROFESSIONAL SERVICES / OFFICE CALL	
	SURGERY	
	ANESTHETIC	
	X-RAY	
	LABORATORY TESTS	
	HOSPITALIZATION DAYS @ $ /DAY	
	INJECTIONS @ $ EACH	
	FLUIDS @ $ EACH	
	BOARD DAYS @ $ /DAY	
	DRUGS 500mg Tetracycline	4 30
	Tetanus Antitoxin	11 70
	TAX	
	TOTAL	16 00

CASH	CHECK	VISA	CHARGE
			X

DR.
OWNERS SIGNATURE

13999

THE DALLES VETERINARY HOSPITAL
MILTON SKOV, D.V.M.
WALLACE WOLF JR., D.V.M.
ANNE W. DAHLING, D.V.M.
TELEPHONE (503) 296-9191
408 WEST THIRD STREET
THE DALLES, OREGON 97058

ALPINE VETERINARY HOSPITAL
DAN C. DAVIDSON, D.V.M.
DEAN HUMMELS, D.V.M.
TELEPHONE (509) 493-3908
208 LINCOLN
BINGEN, WASHINGTON 98605

OUT OUT OUT

DILLON, HOUSTON

Canine
Bruno

Last First
Dillon, Houston
Box 292
Carson, WA

PHONE 427-8959

BREED	SEX	AGE	NAME	COLOR
Canine X	M	4-5 yrs	Bruno	Black/tan

RABIES	DIS. - HEP.		
w/	Last Year		

JAN.	0
FEB.	1
MAR.	2
APR.	3
MAY	4
JUN.	5
JUL.	6
AUG.	7
SEP.	8
OCT.	9
NOV.	
DEC.	

DATE	DIAGNOSIS - TREATMENT	CHARGE
9-7-82	✓ quill in lip / ? 2 months	
	PRE 10:00 AM (DHLP PARVO) ✓	(17.50)
	NO QUILL FOUND IN SURITAL	(15 —)
	LIPS OR NOSTRIL. UNABLE TO DETECT	
	REMNANT UNDER SKIN. PET SPRAY	4.50
7-19-84	✓ ears / - trying ear drops at home	
	(DHLP PARVO) SURITAL Ⓡ EAR	(17.50) (15.00)
	PRE 2½cc 10:25 NO CHEAT FOUND	
5cc Azimycin	IN Ⓡ EAR BUT SEVERE INFECTION.	
	Ⓛ EAR OK. CLIPPED HAIR FROM	
	BOTH EARS. CIHC W Ⓡ EAR -	
	℞ CULTURE	(7.50)
	GENTOZIN OTIC	(6 —)
	AMP 500mg (14) 1 BID	(5 —)
7-26-84	Check-up REV	7.50
	DOG STILL SENSITIVE IN EARS BUT	
	NO DISCHARGE OR ODOR. OTI CLENS	3.25
	CONTINUE GENTOCIN OTIC	
# 8/30/84	Dog catcher had him - X 1 wk	
	Developed cough -	(14)
	Temp 100.2 HR 80 [illegible] rhythm - lungs ok.	
	trachea very irritated coughs readily	
	when palpated - severe dermatitis	
	over back - prob from fleas	
	Torbutrol (12) 2 BID x 3 10mg - .85	(11.70)
	Pred (6) .5 1 BID x 3 5mg	(1.80)

OUT OUT OUT

PHONE

BREED	SEX	AGE	NAME	COLOR

RABIES	DIS. - HEP.

DATE	DIAGNOSIS - TREATMENT	CHARGE
	Tracheobronchitis Inj 3cc	5 12
	Ampicillin / Bivitol Rx 3 cm	N/C
9-17-84	Still coughing DCD	
	(14) 500mg Tet BID	4 30
refill →	(12) 10mg Tobutrol BID	1 70

JAN.	0
FEB.	1
MAR.	2
APR.	3
MAY	4
JUN.	5
JUL.	6
AUG.	7
SEP.	8
OCT.	9
NOV.	
DEC.	

VISIrecord Systems
P.O. BOX 34183
SAN FRANCISCO, CA 94134

SUPPLEMENTAL TREATMENT AND MULTIPLE PATIENT RECORD

6.25 x 10 – .75
132
S-2045 REV.

FILMED