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 Hurston 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 Hurston 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: $7950

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 Hurston R Dillon
(Claimant)

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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 officier 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 officier 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

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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 dont 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.

Discusted County Resident,
Huston Dillon

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HUMANE SOCIETY OF VANCOUVER • CLARK COUNTY

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

Date In

15005

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 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 Directors

ADOPTION FEE $ PRINTED NAME Ray Lee Ray Lee

ACKN. BY ADDRESS R.R. 2 Box 20

PHONE NO. 427-5958 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 $ PRINTED NAME

ACKN. BY ADDRESS

PHONE NO. CITY ZIP

COMMENTS:

RECEIPT FOR ANIMAL

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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
		100mg Tylosin			11	70
				TAX		
				TOTAL	16	00

CASH	CHECK	VISA	CHARGE
			X

DR.

OWNERS SIGNATURE

13999

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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

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
9-7-83	[illegible]	
	PE 10:00 AM (R) HAD EAR	17.50
	No Quill Found in Surface	15
	Lips or Nostrils. Unable to Detect	
	Remnant Under Skin. Pet Spray	4.50
7-19-84	1/ ears/ trying ear drops at home	
	(DHLP PRED) Sucking (R) EAR	17.50 +15
	pre 2 Dec 10:25 No Cheat Found	
See Azimycin	in (R) EAR but Severe Infection.	
	(L) EAR OK. Clipped Hair from	
	Both Ears. Chec w (R) EAR -	
	Culture	7.50
	Gentozin Otic	6
	Amp 500mg (14) 1810	5
7-26-84	Check-up Rev.	7.50
	Dog still sensitive in ears but	
	No Discharge or Odor. Ot Clean	3.25
	Continue Gentocin Otic	
8/30/84	Dog chicken head pain - X 1 wk	
	Developed cough -	14
	Temp 100.2 HR 80 and rhythm - lungs ok -	
	trachea very irritated, cough readily	
	when palpated - severe dermatitis	
	over back - prob from fleas	
	Tordubral (12) 7 B.I.D. x 3 10mg - .85	11.70
	Pred (6) .54 1 B.I.D. x 3 5mg	1.80
	Bronchi (14) .25 1 B.I.D. x 7 [illegible]	[illegible]

OUT OUT OUT

PHONE

BREED	SEX	AGE	NAME	COLOR

RABIES		DIS. - HEP.		

DATE	DIAGNOSIS - TREATMENT	CHARGE
	Tracheobronchitis Inj 3cc	
	Ampicillin / Bivitol / Azium	N/C
9-17-84	Still coughing DCD	
	(14) 500mg Tet BID	4 30
	refill → (12) 10mg Isoxsuprine 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.	

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VISIrecord Systems
P.O. BOX 34185
SAN FRANCISCO, CA 94134

SUPPLEMENTAL TREATMENT AND
MULTIPLE PATIENT RECORD

6.25 x 10 — .75
132
S-2045 REV.

FILMED