

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Skamania County*
SEP 25 4 53 PM '96
G. Olson
AUDITOR
GARY H. OLSON

126300

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 Tyler L. Fryberger

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 9th day of September, 19 96.

2. That the place of injury was Carson Wa.

3. That the location and description of the defect which caused the injury are Unsanitary conditions in the animal holding cells located on the Animal Control Vehicle.

4. That the injury is described as follows: Two dogs after being captured by the Animal Control Officer were exposed to a contagious disease and were later diagnosed with this disease. This disease being "Kennel Cough".

5. That the amount of damages claimed is as follows: \$16.50 for office call Tucker Rd. Vet Hood River \$24.20 Antibiotics for dog one, \$6.75 Antibiotics dog two.

6. That the actual residence of the claimant at the time of presenting and filing this claim is 11 Vine Maple Lp. Carson Wa. 98610

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was 11 Vine Maple Lp. Carson Wa. 98610

DATED: September 25, 19 96

T. Fryberger
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Tucker Road Animal Hospital

Tyler Fryberger
11 Vinemable Loop
Carson Wa 98610

DATE	NUMBER
9/20/96	7043

\$ _____
AMOUNT ENCLOSED

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE.

DATE	CODE	DESCRIPTION	DISC.	QTY.	PRICE	AMOUNT
09/20/96	20	FOLLOWING ITEMS FOR Moses				
09/20/96	8051	OFFICE CALL		1		16.50
09/20/96	2	TEMARIL-P		60		24.20
		PAYMENT BY CHECK				-40.70

TUCKER ROAD ANIMAL HOSPITAL - 1125 TUCKER ROAD - HOOD RIVER, OR 97031 - (503) 386-1566

BALANCE DUE .00

Tucker Road Animal Hospital

Tyler Fryberger
11 Vinemable Loop
Carson Wa 98610

DATE	NUMBER
9/24/96	7043

\$ _____
AMOUNT ENCLOSED

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE.

DATE	CODE	DESCRIPTION	DISC.	QTY.	PRICE	AMOUNT
09/24/96	8307	AMOXICILLIN TABS 100MG		14		6.82
09/24/96	2	PAYMENT BY CHECK				-6.82
THANK YOU FOR YOUR PATRONAGE.						

TUCKER ROAD ANIMAL HOSPITAL ~ 1125 TUCKER ROAD ~ HOOD RIVER, OR 97031 ~ (503) 386-1566

BALANCE DUE

.00