

**BOARD OF
ANIMAL SERVICES
COMMISSIONERS**

VACANT
PRESIDENT

KATHLEEN RIORDAN
VICE PRESIDENT

GLENN S. BROWN

IRENE PONCE

ARCHIE J. QUINCEY, JR.

City of Los Angeles
CALIFORNIA



ANTONIO R. VILLARAIGOSA
MAYOR

DEPARTMENT OF
ANIMAL SERVICES
221 North Figueroa Street
5th Floor
Los Angeles, CA 90012
(888) 452-7381
FAX (213) 482-9511

EDWARD A. BOKS
GENERAL MANAGER

LINDA J. BARTH
ASST. GENERAL MANAGER

KATHLEEN J. DAVIS
ASST. GENERAL MANAGER

January 29, 2009

Mr. Bradley Jensen

Cypress, California 90630

Reference: PR062

Dear Mr. Jensen,

Thank you for your letter dated January 26, 2008, to the Department of Animal Services (Department). You requested, "any and all records and information on animals with tie impound number(s) A925098.

The Department has reviewed your record request and is pleased to provide the attached information. Included are copies of a Kennel Impound Card for the South Los Angeles Shelter, the medical history for the animal impound number A0925098.

Thank you for your interest in the Department. If you have any further questions or require additional information, please call Mr. Ross Pool, Management Analyst II, at (213) 482-9501.

Sincerely,

Linda J. Barth,
Assistant General Manager

LJB:RP

cc: Ross Pool
File

AN EQUAL OPPORTUNITY EMPLOYER

Visit our website at www.LAAnimalServices.com

**City of Los Angeles Department of Animal Services
Kennel Impound Card for SOUTH LA**

Animal ID: **A0925098** S D46
 Sex: **MALE**
 Age: **7 YEARS**
 Breed: **ALASK MALAMUTE**
 Color: **BLK SMOKE & WHITE**
 Intake Date: **01/29/2008**
 Intake Type: **STRAY** OTC
 Hold? **NO**

Review Date: **02/02/2008**



My Name is _____

Supervisor Approval Required Rescue Only
 Supervisor Hold - See Memo

Scan by ID#: _____ Picture by ID#: _____



Vaccinations

- DHLPP FR - Green
 - RABIES IP - Red
 - FVCRPC RX - Blue
 - Bordetella [IN / SQ] BH - Yellow
 - Deworming
 - Intake Exam
- Weight _____ lbs (by _____)

Behavior Observations

Observation Date: _____

Employee ID #: _____

- | | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hissing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growling: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spitting: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pupils Dilated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ears Flattened: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Charges: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hides: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walks on leash: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doesn't walk on leash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outgoing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Fights: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitive to touch: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Timid/Shy: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snaps: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bites: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Owner Surrender Reason: _____

DOG WALKER LOG

Date	Amount of time walked	Comments

Medical History for A0925098 Printed on 1/27/09

S D46 DOG M ALASK MALAMUTE BLK SMOKE/WHITE DOB: 1/30/2002 Rev Date: 2/2/2008

1/30/2008

Visit Type: IMPOUND EVAL Condition: NORMAL Temp: 100.70 Wt: 97.00LBS Treated by: 555

Treatment Desc - S: Stray, OTC, intact male;
O: Has healed ear fly strikes on both ears;
A: No treatment needed;
P: Place in main kennels

PANACUR
DEFEND
PARAST TMT IT
BORDETELLA
DA2PPV
FLEA SPRAY
PFI_RAB1
EVALUATION

1/31/2008

Visit Type: IN SLTR EVAL Condition: MEDICAL COND Temp: 100.70 Wt: 97.00LBS Treated by: 576/577

Treatment Desc - Has muco nasal discharge
Rx 300mg Doxy po bid x 10 days

DOXYC 100 MG
DOXYC 100 MG
ORAL MED
EVALUATION

2/2/2008

Visit Type: EXIT EVAL Condition: MEDICAL COND Temp: 102.00 Wt: 93.00LBS Treated by: 577

Treatment Desc - Adoption: The dog still has muco nasal discharge - under medication (Doxy) - need to take private vet for further medical evaluation and medication by 2/4/08 or sooner, defer surgery till 3/2/08, D300 issue.

MICROCHIP
EVALUATION
