



Animal Control

Regular

<http://www.springfieldcityhall.com>

~ Agenda ~

Gladys Oyola-Lopez

Thursday, February 13, 2025

10:00 AM

Hybrid Room 205

Call to Order

10:00 AM Meeting called to order on February 13, 2025 at Hybrid Room 205, City Hall, Springfield, MA.

Approval of Minutes

1. December 19, 2024 Minutes

Dangerous Hearing

2. Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Non-Compliance Hearing

3. Dangerous Dog Hearing for Dogs Named Charlie, Deja and Brenda at 66 Leyfred Ter Owned by Abdul Kabba.

He has failed to comply with the secure enclosure and has yet to provide proof of liability insurance.



Animal Control

Regular
~ Minutes ~

<http://www.springfieldcityhall.com>

Gladys Oyola-Lopez

Thursday, December 19, 2024

10:00 AM

Hybrid Room 205

Call to Order

10:00 AM Meeting called to order on December 19, 2024 at Hybrid Room 205, City Hall, Springfield, MA.

Attendee Name	Title	Status	Arrived
Melvin A. Edwards	Ward 3 Councilor	Present	
Keith Fleming	Police Department	Absent	
Camile Nelson Campbell	Deputy City Clerk	Present	
Joel Rosemond	Police Officer	Absent	
Megan Landry	Board Member	Present	
Veronica Johns	Board Member	Absent	

Approval of Minutes

October 17, 2024 Minutes

COMMENTS - Current Meeting:

Read

Board Member Edwards made a motion to accept the minutes the motion was seconded by Board Member Landry.

Roll call votes on the motion

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

Motion passed by roll call votes 3-0

Minutes approved.

Nuisance Hearing

- Nuisance Dog Hearing for a Dog Named Mia at 64 California Ave Owned by Peter Gallucci. First Hearing Held on July 18 and a Follow Hearing Held on August 15.**

Communication: December 19, 2024 Minutes (Approval of Minutes)

COMMENTS - Current Meeting:

Read.

Complainant

Renee Robichaud, Animal Control Officer for Thomas J. O'Connor (TJO) and Adoption Center read their reports.

Respondent

Peter Gallucci stated he paid the \$300 fine he received.

Rebuttal

none.

Board Member Edwards made a motion to deem the dog a Nuisance the motion was seconded by Board Member Landry.

Roll call votes on the motion

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

Motion passed by roll call votes 3-0.

Board Edwards explained to Mr. Gallucci what could happen to his dog for getting out.

Mr. Gallucci asked if he should keep his dog on a leash in the back yard.

Board Edwards said yes.

Board Landry asked Mr. Gallucci if his yard is fenced in.

Mr. Gallucci said pretty much, and he has a runner in the back yard.

The Advisory and Hearing Committee has imposed the following conditions on the animal:

1. That the dog be humanely restrained. As defined in Chapter 110, Section 10-1 of the Code of the City of Springfield Ordinance.
2. That the dog be tethered when in the yard. As defined in Chapter 110, Section 10-9 of the Code of the City of Springfield Ordinance

Communication: December 19, 2024 Minutes (Approval of Minutes)

1

Regular

Minutes

December 19, 2024

Roll call votes on the conditions

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

The board voted to deem the dog a **Nuisance** with the above listed conditions by roll call votes 3-0.

Non-Compliance Hearing

2. **Dangerous Dog Hearing for a Dog Named Abby at 192 Harkness Ave Owned by Mark Tourangeau.**

COMMENTS - Current Meeting:

Read.

Complainant

Renee Robichaud, Animal Control Officer for Thomas J. O'Connor (TJO) and Adoption Center read their reports.

Respondent

Mark Tourangeau did not appear. This is the third hearing. The first hearing was July 18th 2024 and the second was October 17th 2024.

Rebuttal

none.

Board Member Edwards made a motion to deem the dog as Dangerous the motion was seconded by Board Member Landry.

Roll call votes on the motion

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

Communication: December 19, 2024 Minutes (Approval of Minutes)

Animal Control

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Packet Pg. 4

Motion passed by roll call votes 3-0.

The Advisory and Hearing Committee has imposed the following conditions on the animal:

A Non-Compliance Hearing was held on December 19, 2024 by the Animal Control Advisory and Hearing Committee in accordance with Chapter 110, Section 10 of the Code of the City of Springfield Ordinance, 2012, as amended for dangerous dog hearing for your dog named Abby.

The committee had voted to deem your dogs as **Dangerous** at a previous dangerous dog hearing that was held on July 18, 2024 in which Abbey was ordered to be impounded, due to your absence from the hearing. An additional Dangerous Dog Hearing was scheduled on October 17, 2024 in which, you again, did not attend. At that meeting, again without your attendance, Abby was ordered to be euthanized. The euthanasia order was due to the fact that Abby had escaped three times, and had attacked two separate dogs on two separate occasions.

The Hearing Committee was hoping to hear your side of the story and potentially order conditions that would prevent Abby’s escape and attack on other animals but without your attendance, and evidence of the above-mentioned escapes and roaming of the City, coupled with two separate attacks, a Euthanasia Order was voted by the Committee.

At the December 19th Non-Compliance Hearing the Committee found the orders on July 18, 2024 and October 17, 2024 were valid orders and you failed to comply with said orders. For that reason, the Animal Control Advisory and Hearing Committee voted to fine you Five Hundred Dollars pursuant to Chapter 140 Section 157A. Please note transferring ownership or possession of your dog is prohibited under subsection (3) of Chapter 140 Section 157A. In addition, the order to have your dog euthanized is still a valid order. An appeal of this decision may be filed in District Court within 21 days of receiving this notice per Section 110-13(E) of the Springfield, MA ordinance.

Roll call votes on the condition

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

The board voted to deem the dog as **Dangerous** with the above listed conditions by roll call votes 3-0.

Communication: December 19, 2024 Minutes (Approval of Minutes)

3. Dangerous Dog Hearing for a Dog Named Cuban at 67 Bowles Park Owned by Mya Gaskins

COMMENTS - Current Meeting:

Read.

Complainant

Renee Robichaud, Animal Control Officer for Thomas J. O'Connor (TJO) and Adoption Center read their reports.

Respondent

Mya Gaskins stated she's moving at the of the month, and she has the liability insurance.

Rebuttal

none.

Board Member Edwards made a motion to deem the dog as Dangerous the motion was seconded by Board Member Landry.

Roll call votes on the motion

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

Motion passed by roll call votes 3-0.

The Advisory and Hearing Committee has imposed the following conditions on the animal:

1. That the dog must be leashed and muzzled when walked on or off the property in accordance with Chapter 110, Section 10-B-3 of the Code of the City of Springfield Ordinance.
2. That the owner or keeper of the dog provide proof of insurance in an amount not less than \$100,000 insuring the owner or keeper against any claim, loss, damage or injury to persons, domestic animals or property resulting from the acts, whether intentional or unintentional, of the dog or proof that reasonable efforts were made to obtain such insurance if a policy has not been issued; provided, however, that if a policy of insurance has been issued, the owner or keeper shall produce such policy upon request of the hearing authority or a justice of the district court; and provided further, that if a policy

Communication: December 19, 2024 Minutes (Approval of Minutes)

has not been issued the owner or keeper shall produce proof of efforts to obtain such insurance provided to Thomas J. O'Connor within twenty-one (21) days.

3. A dangerous dog license shall be acquired annually at a fee of one hundred dollars (\$100). As defined in Chapter 110-2-B-10-C of the Code of the City of Springfield Ordinance

Roll call votes on the conditions

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

The board voted to deem the dog as **Dangerous** with the above listed conditions by roll call votes 3-0.

4. Nuisance Dog Hearing for a Dog Named Coco at 45 Redfern Dr Owned by Alexander Andino

COMMENTS - Current Meeting:

Read.

Complainant

Renee Robichaud, Animal Control Officer for Thomas J. O'Connor (TJO) and Adoption Center read their reports.

Respondent

Alexander Andino stated he's no longer living at 45 Redfern Dr. He is currently staying with a friend.

Rebuttal

none.

Board Member Edwards made a motion to deem the dog a Nuisance the motion was seconded by Board Member Landry.

Roll call votes on the motion

Communication: December 19, 2024 Minutes (Approval of Minutes)

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

Motion passed by roll call votes 3-0.

The Advisory and Hearing Committee has imposed the following condition on the animal:

1. That the dog must be leashed when not in the home or secured kennel, in accordance with Chapter 110, Section 10-A of the Code of the City of Springfield Ordinance.

Roll call votes on the condition

Board Member Edwards	Yes	
Board Member Fleming		Absent
Board Member Johns		Absent
Board Member Landry	yes	
Board Member Nelson Campbell	Yes	

The board voted to deem the dog a **Nuisance** with the above listed condition by roll call votes 3-0.

Communication: December 19, 2024 Minutes (Approval of Minutes)

Brief Description of Incident: ATTACHMENT: YES / NO

12/9/24 - UP stairs tenants had dogs in yard. Cortney - owner of two dogs that attacked. Two dogs are known to have aggression issues. Cortney reportedly locked out back door and didn't see anyone and let her dogs out into the yard too. Two of her 3 dogs went after Sadie and attacked her. her wounds/ingrines were so severe it resulted in needing to humanely put Sadie down, as she was suffering

RESPONDENT INFORMATION

Do you know the name or address of the owner of the dog(s)? YES / NO

Name: Cortney cheney
Street Address: 85 Narragansett st. Springfield Ma. 01107
Phone: (413) 519-6163 Phone: _____
Email: _____

DOG INFORMATION

Name: Unknown Sex: One male, one female
Breed: X Huskies
Primary Color: _____ Secondary Color: _____
Name: _____ Sex: _____
Breed: _____
Primary Color: _____ Secondary Color: _____

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

I. ANIMAL/PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) Sadie - Tricolor Yorkshire Terrier	3. ID # A063017	4. Sex Spayed	5. Age 11	DOB	6. Telephone 413-266-9307
	7. Address (No. & Street) _____ (City) _____ (State) _____ (Zip)						
	8. Name of Parent or Guardian (if victim is a minor) WANCZYK, KRISTIN (P054391) (PET)				9. Address (if different) 4 JAMES CIR, WILBRAHAM, MA 01095		
	10. Source of Information Owners				Victim Telephone - Other		
EXPOSURE	11. Place of attack 85 NARRAGANSETT			12. Time and Date of attack October 21, 2023 12:00 am			
	13. Circumstances of attack: UNKNOWN						
	14. Location and description of wound(s): CHEST, LEVEL 3						
TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: _____			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. VESH Telephone _____			
	17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? _____			
	19. Anti-Rabies Treatment Given? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes By Whom? _____ Telephone: _____						
MISC.	While at the home Sadie was bit on chest by Kuma resulting in Level 3 DBS. Waiting on VESH to bring for Appt. Kuma is current on rabies and placed on 10 HQ.						

II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) CHENEY, CORTNEY	21. ID # P054392	Telephone: (413) 519-6163			
	22. Address (No. & Street) _____ (City) _____ (State) _____ (Zip) 85 NARRAGANSETT ST SPRINGFIELD, MA 01107						
	23. Type of animal NEUTERED MALE, DOG		ID # A063018	<input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Stray	<input type="checkbox"/> Wild	Est. Age: 2 YEARS
	24. Description: (Breed, color, etc.) BLACK / WHITE SIBERIAN HUSKY / AUST CATTLE DOG			25. License Tag: _____ Year: _____ Expires: _____			
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	28. Vaccinated against rabies? YES _____ Vet: _____			Vaccination Date	Rabies Tag Number	<input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine	
QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HOME From Date: 10/21/2023 To Date: 10/31/2023						
	30. If at owner's home, have quarantine guidelines been explained? <input type="checkbox"/> Yes <input type="checkbox"/> No				31. Date sent to Animal Inspector/Board of Health		

III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____				
	32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted			
LABORATORY	34. Remarks:					
	35. Head sent to Lab:		DATE	BY	TELEPHONE	
	36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY					
	37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: _____ By: _____					
38. <input type="checkbox"/> Case Closed: Date: _____ By: _____						

39. Officer Completing Form: ACO Simpson	Telephone: _____
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Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Date of Report: 12/09/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003977

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) <i>Sadie</i>	3. ID # <i>A063017</i>	4. Sex <i>F</i>	5. Age <i>10</i>	DOB	6. Telephone <i>413 816 9307</i>	
		7. Address (No. & Street) (City) (State) (Zip)						
		8. Name of Parent or Guardian (if victim is a minor) WANCZYK, KRYSTIN (P054391) (NEIGHBOR)			9. Address (if different) 85 NARRAGANSETT ST, SPRINGFIELD, MA 01107			
	EXPOSURE	10. Source of information <i>P054391 & P054392</i>		11. Place of attack 85 NARRAGANSETT ST				
		12. Time and Date of attack December 9, 2024 8:00 am		13. Circumstances of attack: PROVOKED				
		14. Location and description of wound(s): ALL OVER, LVL 6						
		15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: <i>12/9</i>						
	TREATMENT	16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. <i>Vesh</i> Telephone		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured				
		18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?		19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:				
		MISC. Nikita & Kuma were let outside when Sadie was already outside. The dogs began to fight resulting in Sadie needing to be put down as a result of her injuries. Cortney insists 3rd dog "Koda" was not apart of the fight.						
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) CHENEY, CORTNEY		21. ID # P054392	Telephone: (413) 519-6163			
		22. Address (No. & Street) 85 NARRAGANSETT ST (City) (State) (Zip) SPRINGFIELD, MA 01107						
		23. Type of animal NEUTERED MALE, DOG		ID # A063018	<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Est. Age: 2 YEARS		
		24. Description: (Breed, color, etc.) KUMA BLACK / WHITE SIBERIAN HUSKY / AUST CATTLE DOG			25. License Tag: Year: Expires:			
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal		27. Prior Bites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	28. Vaccinated against rabies? YES Vet: <i>Salmon Brook Vet Hospital</i>		Vaccination Date <i>7/18/24</i>	Rabies Tag Number <i>04741</i>	<input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine			
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 12/09/2024 To Date: 12/19/2024						
30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. Date sent to Animal Inspector/Board of Health <i>Emailed 12/11/24 MM</i>						
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				
		33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		34. Remarks: <i>Victim was eu @ vet</i>				
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE						
		36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY						
		37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Date: By:				
38. <input type="checkbox"/> Case Closed: Date: By:								
39. Officer Completing Form: <i>LAWSON</i> Telephone: <i>413 781 1484</i>								

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Salmon Brook Veterinary Hospital

136 Salmon Brook Street
Granby, CT 06035-2604
(860) 653-7238

Client : Cortney Cheney
42 Kent Street
West Springfield, MA 01089

Phone : (413) 519-6163

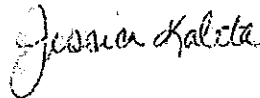
Patient : Kuma
Species : Canine
Sex : MN
DOB : 06/23/2022

Acct No. : 48921 C
Breed : Husky/Labrador
Color :
Microchip:

RABIES VACCINATION INFORMATION

Rabies	Nobivac 3-Rabies	Tag No.	94741
Date Vaccinated	07/12/2024	Expires	07/12/2027
Serial No.	68459	Producer	Zoetis
Vaccine Type	KV		

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.



Signature of licensed veterinarian administering vaccine.

Jessica A. Kaleta VMD
003107

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Date of Report: 12/09/2024

ANIMAL BITE REPORT

Rabies Control Investigation

Thomas J. O'Connor Animal Control

1. Bite Number:
B24-003978

I. ANIMAL PERSON BITTEN	IDENTIFICATION	2. Name (Last, First) Sadie	3. ID # A0663017	4. Sex F	5. Age 12	DOB	6. Telephone 413 066 9307		
		7. Address (No. & Street) (City) (State) (Zip)							
		8. Name of Parent or Guardian (if victim is a minor) WANCZYK, KRYSTIN (P054391) (NEIGHBOR)			9. Address (if different) 85 NARRAGANSETT ST, SPRINGFIELD, MA 01107				
		10. Source of Information P054391 : P054392			Victim Telephone - Other				
	EXPOSURE	11. Place of attack 85 NARRAGANSETT ST			12. Time and Date of attack December 9, 2024 8:00 am				
		13. Circumstances of attack: PROVOKED							
		14. Location and description of wound(s): ALL OVER, LVL 6							
	TREATMENT	15. Was wound treated? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date: 12/9			16. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Dr. VESH Telephone				
		17. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured			18. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?				
		19. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom? Telephone:							
MISC.	Nikita & Kuma were let outside when Sadie was already outside. The dogs began to fight resulting in Sadie needing to be put down as a result of her injuries. Cortney insists 3rd dog "Koda" was not apart of the fight.								
II. ANIMAL/OWNER	IDENTIFICATION	20. Animal Owner (custodian) CHENEY, CORTNEY			21. ID # P054392		Telephone: (413) 519-6163		
		22. Address (No. & Street) 85 NARRAGANSETT ST (City) (State) (Zip) SPRINGFIELD, MA 01107							
		23. Type of animal SPAYED FEMALE, DOG			ID # A066329	<input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Stray	<input type="checkbox"/> Wild	Est. Age: 5 YEARS
		24. Description: (Breed, color, etc.) BLACK / GRAY SIBERIAN HUSKY			25. License Tag: Year: Expires:				
	26. Behavior <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal			27. Prior Bites? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
	28. Vaccinated against rabies? YES Vet: salmon Brook vet Hospital Vaccination Date: 12/8/23 Rabies Tag Number: 826089 <input type="checkbox"/> 1 Year Vaccine <input checked="" type="checkbox"/> 3 Year Vaccine								
	QUARANTINE	29. <input type="checkbox"/> Unable to locate animal <input type="checkbox"/> Confined at TJO <input checked="" type="checkbox"/> Animal Confined - HQUAR From Date: 12/09/2024 To Date: 12/19/2024							
		30. If at owner's home, have quarantine guidelines been explained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			31. Date sent to Animal Inspector/Board of Health Emailed 12/11/24 MM				
III. DISPOSITION OF ANIMAL	REVIEW	31. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:							
		32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal			33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted				
	34. Remarks: victim EU @ vet								
	LABORATORY	35. Head sent to Lab: DATE BY TELEPHONE							
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY									
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail Date: By:									
38. <input type="checkbox"/> Case Closed: Date: By:									
39. Officer Completing Form: LAWSON Telephone: 413 781 1484									

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Salmon Brook Veterinary Hospital

136 Salmon Brook Street
Granby, CT 06035-2604
(860) 653-7238

Client : Cortney Cheney
42 Kent Street
West Springfield, MA 01089

Phone : (413) 519-6163

Patient : Nikita
Species : Canine
Sex : FS
DOB : 06/26/2018

Acct No. : 48921 B
Breed : Husky
Color : Gray/White
Microchip:

RABIES VACCINATION INFORMATION

Rabies	Nobivac 3-Rabies	Tag No.	826089
Date Vaccinated	12/08/2023	Expres	12/07/2026
Serial No.	643796	Producer	Zoetis
Vaccine Type	KV		

I hereby certify that I have vaccinated this animal in accordance with the company's recommendation for the vaccine used on the above date.



Signature of licensed veterinarian administering vaccine.

Jessica A. Kaleta VMD
003107

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



Veterinary Emergency & Specialty Hospital WS
134 Capital Drive Sulte A
West Springfield , MA, 01089 413-665-4911

Clinical Summary for Sadie

Client Details

Name Wanczyk,
Krystin
Address 85 Narragansett
Street
Liberty Heights
Springfield,
Massachusetts,
01107

Phone 413-266-9307
4132669307
4135196163
(413) 285-5622

Patient Details

Name Sadie
Species Canine
Breed Yorkie/poodle
Color Tri-colored

Age 12 years
Deceased Deceased
Date (12-09-2024)
Sex Female Spayed
Microchip
Referral Belchertown
Veterinary
Hospital

Monday the 9th of December 2024

Therapeutic / Procedure

Dr. Meredith Rice
IV Fluids Set-Up
Specifics:

Invoiced 743696

Therapeutic / Procedure

Dr. Jennifer Gonzales
CRI (ANALGESIA) 12-hours
Specifics:

Invoiced 743696

Therapeutic / Procedure

Dr. Jennifer Gonzales
Wound Care/Level 1
Specifics:

Invoiced 743696

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

❖ Therapeutic / Procedure

Dr. Jennifer Gonzales
Humane Euthanasia
Specifics:

Invoiced 743696

❖ T.P.R.

Weight(kg): 4.28

Temp(°F): 96.5

H.R.: 170

R.R: 40

MM: Pale Pink

Comments: CRT = Unable to obtain BP = hold Client Update (text or phone) = hold

Pulse Quality: Normal

❖ T.P.R.

Weight(kg): 4.28

Temp(°F): 96.5

H.R.: 170

R.R: 40

MM: Pale Pink

Attitude: Sedate

❑ History

Dr. Meredith Rice

12-09-2024

ER Technician Triage History:

Why are you here today?

Sadie is a 12 year old spayed yorkie/poodle mix. The patient is present after getting attacked by two huskies. Both of the huskies are up to date on their rabies vaccines. The owners didn't see what happened during the fight but were able to pull them apart.

How long has the problem been going on?

The attack was about 30-40 minutes before entering the ER.

Has this problem occurred before?

Are there any other significant medical problems in the past? (ie. past hospitalizations or surgeries?)

No

Medications presently taking (mg and frequency):

No

Is the patient on a special diet/limited ingredient diet?

No

Is your pet up to date on the following vaccines: UTD

Rabies Yes

Distemper Yes

Parvo Yes

Leptospirosis Yes

Initials: JS

ER Doctor History:

Physical Exam

Dr. Meredith Rice

Objective:

4.28kg

Temp (°F): 96.50 F

H.R.: 170 bpm

R.R.: 40 brpm

Pink, moist MM, CRT < 2

Obtunded, BCS 4/9

Hydration: Euhydrated.

EENT: No ocular or nasal discharge. Ears clean AU. Normal dentition. Moderate dental calculus.

Cardiovascular System: No murmur auscultated. No Arrhythmia noted, poor femoral pulses.

Respiratory: Crackles suspected to be SQ emphysema, suspect clear lung sounds but difficult to auscultate.

Abdomen: Soft non-painful abdomen on palpation. No masses/organomegaly/fluid waves appreciated.

Lymph Nodes: soft symmetrical lymph nodes. No lymphadenopathy.

UG: Soft, small bladder, No significant findings on external genitalia

Musculoskeletal: Laterally recumbent, non-ambulatory, no obvious fractures of long bones, no palpable neck or spinal fractures, unable to lift head. Suspected rib fractures.

Neurologic: Obtunded mentation, CN intact, withdrawal present x4, motor present in forelimbs, slight motor present in hindlimb but decreased, unable to stand and bear weight.

Integument: Large laceration of right neck, SQ emphysema right neck and chest.

Laceration caudal abdomen. Bruising of right chest.

Rectal: Not performed

T.P.R.

Temp(°F): 98.2

H.R.: 160

R.R: 48

Comments: Pulse Ox = 100 BP = 140 #2 cuff RHL

▣ Assessments

Dr. Meredith Rice

Trauma

Bite wounds right neck
Decreased neurologic function in hindlimbs
Obtundation
Shock

IVC

Methadone 0.85mg IV
Active warming
Unable to obtain blood pressure - LRS 100mL bolus over 15min
Recheck blood pressure post bolus - 110mmHg, repeated 100mL bolus
Recheck blood pressure post second bolus - 140mmHg
LRS at 25mL/hr IV

Discussed PE with owners. Concern for possible damage to her neck given decreased neuro function in hindlimbs. Could be a cervical fracture or damage to spinal cord. If present, could require surgical stabilization. Also discussed pulmonary contusions, shock, fractured ribs, and other possible concerns. Discussed large wound and SQ emphysema, but at this point, it is lower on our list of concerns and can be dealt with later. Discussed that CT scan would be ideal to assess head, neck, and chest. Can also consider radiographs. If cervical stabilization is needed, would need to transfer to another facility for surgery. If neck is ok, then would need hospitalization for continued stabilization, monitoring, and eventual wound repair. Discussed associated costs. Owner elected to pursue trauma CT to determine extent of damage and based on this imaging will decide how to proceed.

EPOC - pending

⚙ Diagnostic Result

Requested By: Dr. Jennifer Gonzales

Supplier: Asteris WS X-ray

Reference: US599-DR183001

WS Radiograph - 2 Views **Outcome:**

Clinic Notes / Specifics:



Imaging Online Viewable External Link:

<https://keystone.asteris.com/#/partner/viewer/VESH1228?studyId=ea3e3531-0000-1432-1129-ffffff241209>

• T.P.R.

Temp(^oF): 98.2

H.R.: 128

R.R: 25

Comments: BP = 92 2cuff RHL

Pulse Quality: Normal

• T.P.R.

Temp(^oF): 98.2

H.R.: 128

R.R: 25

MM: Pale Pink

Comments: CRT = Unable to obtain

• T.P.R.

Temp(^oF): 98.7

H.R.: 156

R.R: 36

Pulse Quality: Normal

■ Plan

Dr. Meredith Rice

Transferred to ICU/CC to facilitate CT and further care.

Meredith Rice, DVM

• Therapeutic / Procedure

Dr. Jennifer Gonzales

• T.P.R.

Temp(^oF): 98.9

• T.P.R.

Temp(^oF): 100.6

H.R.: 120

R.R: 30

Pulse Quality: Normal

• T.P.R.

H.R.: 112

Comments: BP = 102 2 cuff LHL

Plan

Dr. Jennifer Gonzales

Diagnostics

- EPOC: Acidemia (7.275), hypercapnia (49 mmHg), hyperglycemia (175 mg/dL), hyperlactatemia (4.19 mmol/L), elevated BUN (37 mg/dL; creatinine 0.91 mg/dL), HCT 38%
- POCUS: scant pleural effusion, small volume peritoneal effusion, no pericardial effusion
- CT of head through chest, DACVR review:

CONCLUSIONS:

1. There is relatively extensive cutaneous and subcutaneous trauma of the craniocervical, thoracic and abdominal regions particularly noting right-sided thoracic region trauma with numerous rib fractures, presumed pulmonary contusion/pulmonary hemorrhage manifesting as ground glass alveolar pulmonary patterns, a mild bilateral pneumothorax, mild pleural effusion and mild pneumomediastinum and a minimally displaced fracture of the right articular process of T5. The fractures of the right fourth through sixth and potentially the seventh rib(s) are consistent with a flail chest.
2. There is a severely comminuted depression fracture of the skull to the right of midline dorsally at the frontal and parietal bone junctions with adjacent neuroparenchymal edema.
3. Peritoneal effusion is primarily thought to represent peritoneal hemorrhage noting that there is no overt pneumoperitoneum to definitively indicate abdominal penetrating trauma.
4. There is chronic and pre-existing intervertebral disc disease at C3-7 noting that trauma to this region could result in worsening intervertebral disc disease.
5. There are additional findings that are thought to be of lesser clinical significance at this time including nasal congestion, hemorrhage or nondestructive rhinitis, and mild dental/periodontal disease.

Treatments

- Hypertonic saline 3 ml/kg; administered prior to CT and additional dose after CT
- Maropitant 1 mg/kg IV
- Sedation for CT: ketamine 2 mg/kg IV, midazolam 0.2 mg/kg IV
- Fentanyl CRI; 3 ug/kg bolus followed by 3 ug/kg/hr
- Ketamine CRI 0.5 mg/kg bolus, followed by 2ug/kg/min
- Unasyn 30 mg/kg IV q8hrs
- Clipped, cleaned and flushed cervical wounds and abdominal laceration, clipped and cleaned puncture on cranial dorsum, no flushing
- LRS @ 25 ml/hr
- Nasal oxygen @ 2L/min

Plan

Discussed CT findings with owner, very serious injuries present, puncture through skull is most concerning as surgery would be recommended to remove bone fragments as area is at high risk of abscessation, also this injury is likely responsible for some of her clinical signs and edema may worsen before improving. Significant thoracic trauma with rib fragment impinging on lung and ideally surgical care would be recommend. Contusions present in lung (and brain), have high likelihood of worsening over the next 24 to 48 hours. Cost estimate for care with medical management would be additional 8k-12k with level of care and treatments needed. Discussed injuries are severe and humane euthanasia is very reasonable decision given medical challenges going forward. Due to costs and concern for pain and QOL, owner elects humane euthanasia

Propofol 3 ml IV

Pentobarbital 3 ml IV

Confirmed deceased via auscultation

Private cremation

Jennifer Gonzales, DVM, DACVECC

■ Assessments

Dr. Jennifer Gonzales

Problem List

- Attacked by dogs with severe trauma
- Non-ambulatory tetraparetic with L side significantly more affected than right,
- Rib fractures with flail chest at right thorax with comminution of R 4th rib with fragment appearing to impinge on lung, associated contusions and mild pneumothorax present, mild pleural effusion
- Peritoneal effusion: r/o bleeding
- Puncture wound at right-sided dorsum of skull with depressed skull fragments present and associated edema
- 2 cm laceration at dorsum of caudocervical region, 4 cm laceration at right lateral aspect of neck, both with extensive SC pocketing and muscle belly damage at lateral wound, 2.5 cm laceration at left caudoventral abdomen, does not appear to be communicating with peritoneum, puncture at right lateral chest, does not appear to communicate with thoracic cavity

RABIES EXPOSURE NOTIFICATION

Date of Notice: 12/9/24 Date of Exposure: 12/9/24 Species: Canine

Report the following incidents to the Municipal Animal Inspector for the town where the Biting Animal resides:

- 1. The existence of a domestic animal that can be identified and has bitten or scratched another domestic animal or a human.
- 2. The existence of a domestic animal that has been exposed to the rabies virus by direct contact, proximity or by a wound of unknown origin. Animal should be quarantined due to (check the appropriate category):

- Direct contact with a confirmed rabid animal
- Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- A proximity exposure to a confirmed rabid animal (confirmed by State Rabies Laboratory)
- Domestic animal bitten or scratched by another domestic animal that has not been identified for quarantine
- Domestic animal which has bitten or scratched another domestic animal or a human

Biting/Scratching Animal (Do Not Vaccinate until Rabies Quarantine is Released):

Unknown
 Wildlife Species: _____ Town of Incident: _____
 Owned Domestic Animal (Fill in Below) Stray Domestic Animal (Fill in Below)
 Name: _____ Phone: _____

Address: TWO loose huskies - UTD on rabies vax
per owner
 City: _____ State: _____ Zip: _____

ANIMAL INFORMATION

Name: _____ Species: Canine Feline Other
 Breed: _____ Color: _____
 Date of last vaccination: _____ Duration: 1-year 3-year Unknown

Date of booster vaccination (given to current vaccinates only): _____
 Euthanized Date: _____ Rabies Testing Date: _____
 Biting/Scratching animal has Client/Patient Relationship with Reporter

Victim Information (Vaccinate Immediately, except in cases listed below):

- 1) Previously vaccinated within 30 days
- 2) Biting/Scratching animal is Domestic and Identified for Quarantine

Name: Krystin Wanczyk Phone: 4132669307
 Address: 85 Narragansett Street
 Liberty Heights
 Springfield, Massachusetts, 01107

ANIMAL INFORMATION

Name: Sadie Species: Canine
 Breed: Yorkie/poodle Color: Tri-colored

RABIES INFORMATION: Staff must complete if Rabies is checked above

Date of last vaccination: _____ Duration: 1-year 3-year Unknown

Date of booster vaccination (given to current vaccinates only): _____
 Euthanized Date: 12/9/24 Rabies Testing Date: _____
 Victim has a Client/Patient Relationship with Reporter

Human Victim (record below; name, address, phone number):

Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Telephone Number: _____

Veterinarian: Dr. Gonzalez
 Animal Control Phone Number: _____ Animal Control Fax Number: _____

Veterinary Emergency & Specialty Hospital
 141 Greenfield Road, South Deerfield, MA 01373

This information was faxed to: Animal Inspector
 Owner was notified of this action: YES

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



Activity Card
A23-078519-1

A23-078519-1

INV/BITE

Priority Level: 2

Total Animals: 1

Animal Type: **DOG**

Activity Address: 85 NARRAGANSETT ST

Activity Comment: Investigate bite from yesterday involving 3 husky vs 1 yorkipoo. No answer left notice and will do what I can on report

Caller Information:

P054391 KRYSTIN WANCZYK
 SPRINGFIELD, MA 01107
 85 NARRAGANSETT ST
 (413) 266-9307

Owner Information:

P054391 KRYSTIN WANCZYK
 SPRINGFIELD, MA 01107
 85 NARRAGANSETT ST
 (413) 266-9307

Animal Information:

A063017 Sadie - 12Y Spayed Tricolor Yorkshire Terr/Poodle Min

Officer: P027726

SIMPSON

Clerk: DTS

Results:

Call Date: 10/22/23 10:54 AM

1 NOTIC

New Date: 10/22/23 10:54 AM

Dispatch Date:

Working Date: 10/22/23 11:21 AM

Complete Date: 10/22/23 11:25 AM

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



Activity Card
A24-083126-1

A24-083126-1 **INV/BITEF** Priority Level: 4 Total Animals: 2 Animal Type: **DOG**

Activity Address: 85 NARRAGANSETT ST

Activity Comment: MOR: reported bite incident that happened on shared property. Unsure which of the 2 aggressor dogs actually bit, placed both on HQUAR

Caller Information:

P054391 KRYSTIN WANCZYK
 SPRINGFIELD, MA 01107
 85 NARRAGANSETT ST
 (413) 266-9307

Owner Information:

P054392 CORTNEY CHENEY
 SPRINGFIELD, MA 01107
 85 NARRAGANSETT ST
 (413) 519-6163

Animal Information:

A063018 Kuma - 2Y Neutered Black/White Siberian Husky/Aust Cattle Dog

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 12/09/24 06:10 PM
 New Date: 12/09/24 06:10 PM
 Dispatch Date:
 Working Date: 12/09/24 06:15 PM
 Complete Date: 12/09/24 06:32 PM

Results:

2 MC
 2 HQUAR
 2 RPRT

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.



Activity Card
A24-083126-2

A24-083126-2 **INV/BITEF** Priority Level: 4 Total Animals: 2 Animal Type: **DOG**

Activity Address: 85 NARRAGANSETT ST

Activity Comment: MOR: reported bite incident that happened on shared property. Unsure which of the 2 aggressor dogs actually bit, placed both on HQUAR

Caller Information:

P054391 KRYSTIN WANCZYK
SPRINGFIELD, MA 01107
85 NARRAGANSETT ST
(413) 266-9307

Owner Information:

P054392 CORTNEY CHENEY
SPRINGFIELD, MA 01107
85 NARRAGANSETT ST
(413) 519-6163

Animal Information:

A066329 Nikita - 5Y Spayed Black/Gray Siberian Husky

Officer: P052479 LAWSON **Clerk:** 117246

Call Date: 12/09/24 06:10 PM
New Date: 12/09/24 06:10 PM
Dispatch Date:
Working Date: 12/09/24 06:15 PM
Complete Date: 12/09/24 06:32 PM

Results:

2 MC
2 HQUAR
2 RPRT

Communication: Dangerous Dog Hearing for Two(2) Dogs Named Kuma and Nikita at 85 Narragansett St Owned by Cortney Cheney.

Gladys Oyola-Lopez
City Clerk
 City Clerk's Office
 36 Court Street, Room 123
 Springfield, MA 01103



THE CITY OF SPRINGFIELD, MASSACHUSETTS

September 27, 2024

Abdul Kabba
 66 Leyfred Ter
 Springfield, MA 01108

Dear Mr. Kabba:

A dangerous dog hearing was held on August 15, 2024 by the Animal Control Advisory and Hearing Committee in accordance with Chapter 110, Section 10 of the Code of the City of Springfield Ordinance, 2012, as amended for dangerous dog hearing for your dogs named Charlie, Deja, and Brenda. The committee voted to deem your dogs as a **Nuisance** and has imposed the following conditions:


The Advisory and Hearing Committee has imposed the following conditions on the animals:

1. The dogs must be kept in a secured enclosure as defined in Chapter 110, Section 10-B-5 of the Code of the City of Springfield Ordinance.
2. The dogs must be leashed and muzzled when off the property in accordance with Chapter 110, Section 10-B-3 of the Code of the City of Springfield Ordinance.
3. Provide proof of existing liability insurance for the dogs to Thomas J. O'Connor (TJO).

Failure to comply with this order may result in a fine of up to five hundred dollars (\$500.00) or imprisonment for up to 60 days under Mass General Law Chapter 140 Section 157a. Please note transferring ownership or possession of your dog is prohibited under subsection (3) of Chapter 140 Section 157A.

An appeal of this decision may be filed in District Court within 21 days of receiving this notice per Section 110-13(E) of the Springfield, MA ordinance. Further information regarding the requirement may be obtained from the Thomas J. O'Connor Animal Control Center, 627 Cottage Street, Springfield, Massachusetts, 413-781-1484.

Sincerely,


 Gladys Oyola-Lopez
 City Clerk

GO/C Nelson Campbell

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 To: Abdul Kabba
 66 Leyfred Ter
 Springfield MA 01108



9590 9402 8470 3186 2221 11

2. Article Number (Transfer from service label)
 7015 1730 0001 5071 0769

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Abdul Kabba* Age Restricted

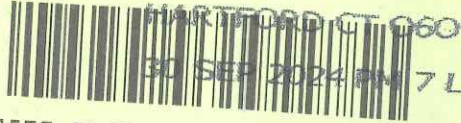
B. Received by (Printed Name) Date of Delivery
 C. Date of Delivery 9/30/18

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail™ Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

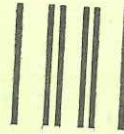
Communication: Dangerous Dog Hearing for Dogs Named Charlie, Deja and Brenda at 66 Leyfred Ter Owned by Abdul Kabba. (Dangerous)

USPS TRACKING#



HARTFORD CT 060

30 SEP 2024 PM 7 L



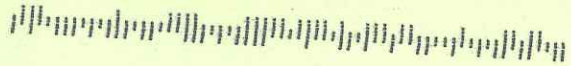
First-Class Mail
Postage & Fees
USPS
Permit No. G-10

9590 9402 8470 3186 2221 11

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**CITY CLERK'S OFFICE
36 COURT STREET
ROOM 123
SPRINGFIELD, MA 01103-1683**



Communication: Dangerous Dog Hearing for Dogs Named Charlie, Deja and Brenda at 66 Leyfred Ter Owned by Abdul Kabba. (Dangerous