Animal Control

Regular

~ Agenda ~

http://www.springfieldcityhall.com

City Clerk

Wednesday, April 19, 2017 | 3:30 PM | Ante Room

I. Call to Order

3:30 PM Meeting called to order on April 19, 2017 at Ante Room, City Hall, Springfield, MA.

II. Communications

A. Reports

1. TJO Animal Control is Requesting a Dangerous Dog Hearing on a Dog Named "Roxy" Owned by Brittany Lafleche of 74 Sylvan Street. Attached You Will Find a History Regarding "Roxy" as Well as Two Bite Reports. "Roxy" Has Been Involved in Two Bite Cases with the Same Victim Family and is Currently Under Quarantine at TJO.

III. Public Portion

74 Sylvan Street history

Owner Brittany Lafleche

1. "Roxy" loose and impounded at TJO 8/13/13, owner claimed, 1 year rabies vaccine given at TJO.
2. Complaint of "Roxy" loose 4/19/15.
3. Bite on human, B15-001276, 4/26/15.
4. Barking complaint for 2 dogs 12/29/15.
5. "Roxy" loose and impounded at TJO 5/5/16, owner claimed, dog spayed & microchipped at TJO.
6. "Roxy" loose and impounded at TJO 5/31/16, owner claimed.
7. Bite on dog, B17-001666, quarantined at TJO 3/28/17, current on rabies from 2nd Chance and licensed for 2016.

Date of Report: 03/29/2017

ANIMAL BITE REPORT
Rabies Control Investigation
Thomas J. O'Connor Animal Control

1. Case Number: B15-001276

I. PERSON BITTEN

IDENTIFICATION

2. Name (Last, First): PIETRAS, SARAH PO 26218 | 3. Sex: F | 4. Age: adult DOB: — | 5. Telephone: [redacted]

6. Address (No. & Street): 190 FOUNTAIN ST (City) (State) (Zip): SPRINGFIELD, MA 01108

7. Name of Parent or Guardian (if victim is a minor)

8. Address (if different)

9. Source of Information (Person or Office): Person

Victim Telephone - Other

EXPOSURE

10. Place of attack: corner of Fountain & Woodlawn

11. Time and Date of attack: Sunday, April 26, 2015

12. Circumstances of attack: UNPROVOKED walking her dog on leash. 2 unleashed dogs came over & attacked.

13. Location and description of wound(s): L HAND, SEVERE, laceration to finger

TREATMENT

14. Was wound treated? ☐ No ☒ Yes Date: 4/26/15

15. Wound treated by: ☐ Self ☐ Parent ☐ Dr. Telephone

16. Details of wound treatment ☐ Washed ☐ Sutured

17. Anti-Rabies Treatment Recommended? ☐ No ☐ Yes By Whom?

18. Anti-Rabies Treatment Given? ☐ No ☐ Yes By Whom? Telephone:

19. Victim's Date of Birth Victims SSN:

MISC.

II. ANIMAL/OWNER

IDENTIFICATION

20. Animal Owner (custodian) BRITTANY LAFLECHE P021063 Telephone [redacted]

21. Address (No. & Street): 74 SYLVAN ST (City) (State) (Zip): SPRINGFIELD, MA 01108

22. Type of animal: SPAYED FEMALE, DOG ☒ Owned ☐ Stray ☐ Wild Est. Age: 6y 8m

23. Description: (Breed, color, etc.) BLACK / WHITE PIT BULL ROXY A025993

24. License Number: unlicensed Date From

25. Behavior ☐ Unknown ☒ Normal ☐ Abnormal

26. Prior Bites? ☐ Yes ☒ No

27. Vaccinated against rabies? NO Vet: Vaccination Date Rabies Tag Number ☐ 1 Year Vaccine ☐ 3 Year Vaccine

QUARANTINE

28. ☐ Unable to locate animal ☒ Animal Confined - 74 SYLVAN From Date: 04/26/2015 To Date: 05/05/2015

29. If at owner's home, has Quarantine Agreement been signed? ☐ Yes ☒ No

III. DISPOSITION OF ANIMAL

REVIEW

30. Cause of Death ☐ Illness ☐ Injury ☐ Euthanasia Date:

31. Quarantine released: Date: By:

32. Veterinarian ☐ Did see animal ☐ Did not see animal 33. Head examination is ☐ Requested ☐ Not Warranted

34. Remarks:

LABORATORY

DATE BY TELEPHONE

35. Head sent to Lab:

36. Results ☐ POSITIVE ☐ NEGATIVE ☐ UNSATISFACTORY

37. Victim notified by: ☐ Person ☐ Phone ☐ Mail Date: By:

38. ☐ Case Closed: Date: By:

39. Person Completing Form: [signature] Telephone: 413-781-1484

Date of Report: 03/29/2017

ANIMAL BITE REPORT
Rabies Control Investigation
Thomas J. O'Connor Animal Control

1. Case Number: B17-001666

I. PERSON BITTEN — Ahmad

IDENTIFICATION

2. Name (Last, First): Mickey A038685 | 3. Sex: NM | 4. Age: 5410 | DOB | 5. Telephone

6. Address (No. & Street) | (City) | (State) | (Zip)

7. Name of Parent or Guardian (if victim is a minor): owner - PO26218 | 8. Address (if different)

9. Source of Information (Person or Office): owner - PO26218 | Victim Telephone - Other

EXPOSURE

10. Place of attack: 190 Fountain Street | 11. Time and Date of attack: Tuesday, March 28, 2017

12. Circumstances of attack: unprovoked

13. Location and description of wound(s): punctures, seen @ BRAH

TREATMENT

14. Was wound treated? ☐ No ☒ Yes Date: 328 | 15. Wound treated by: ☐ Self ☐ Parent ☒ Dr. BRAH Telephone 413-783-1203

16. Details of wound treatment: ☐ Washed ☐ Sutured | 17. Anti-Rabies Treatment Recommended? ☐ No ☐ Yes By Whom?

18. Anti-Rabies Treatment Given? ☐ No ☐ Yes By Whom? | Telephone:

19. Victim's Date of Birth | Victims SSN:

MISC.

while walking 'Mickey' on leash, Roxy was loose in area & attacked 'Mickey'

II. ANIMAL/OWNER

IDENTIFICATION

20. Animal Owner (custodian) BRITTANY LAFLECHE PO 21063 | Telephone [redacted]

21. Address (No. & Street): 74 SYLVAN ST | (City) (State) (Zip): SPRINGFIELD, MA 01108

22. Type of animal: SPAYED FEMALE, DOG ☒ Owned ☐ Stray ☐ Wild Est. Age: 6y 8m

23. Description: (Breed, color, etc.) BLACK / WHITE PIT BULL ROXY A025993 | 24. License Number 46-5258 Date From exp 3/31/18

25. Behavior ☐ Unknown ☒ Normal ☐ Abnormal | 26. Prior Bites? ☒ Yes ☐ No

27. Vaccinated against rabies? YES Vet: 2nd Chance | Vaccination Date 5/2/16 | Rabies Tag Number R16-010399 | ☒ 1 Year Vaccine ☐ 3 Year Vaccine

QUARANTINE

28. ☐ Unable to locate animal ☒ Animal Confined - TJO From Date: 03/28/2017 To Date: 04/07/2017

29. If at owner's home, has Quarantine Agreement been signed? ☐ Yes ☐ No

III. DISPOSITION OF ANIMAL

REVIEW

30. Cause of Death ☐ Illness ☐ Injury ☐ Euthanasia Date:

31. Quarantine released: Date: By:

32. Veterinarian ☐ Did see animal ☐ Did not see animal 33. Head examination is ☐ Requested ☐ Not Warranted

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LABORATORY

DATE | BY | TELEPHONE

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37. Victim notified by: ☐ Person ☐ Phone ☐ Mail Date: By:

38. ☐ Case Closed: Date: By:

39. Person Completing Form: [signature] Telephone: 413-781-1484