



☒ Owner Relinquish

☐ Stray

☐ ACO Relinquish

(Circle One) **Front Entry or In Field**

GHS INTAKE FORM

Staff Name: Rebyn

Date: 12/12/15

UID#: 605027

Animal Name: CoCo

Male ☐ Female ☒

Altered? ☒ Y ☐ N

Breed: Chimix

Color: Brown, white

Age: 7/26/12 ☒ Known ☐ Estimate

Weight: _____

Additional information received from owner? ☒ YES ☐ NO

Type of Animal:

- ☐ Cat
- ☒ Dog
- ☐ Bird
- ☐ Rabbit
- ☐ Gerbil / Guinea Pig / Rat
- ☐ Other _____

PTS
12/12/15
Aggression

Checked for Fleas

Gave Anthelban _____ ml po

General Appearance: _____ Good _____ Poor

Details of Body Condition:

Unable to examine, unable to remove leash

Scanned
Microchip # _____

☒ Unable to scan
Reason lunging/biting

Photo Taken

Notes:

p growling upon entry into building, & noted history of
aggression towards strangers. Kennel Staff unable to remove
leash due to snapping/lunging when placed in kennel run.
Unable to open kennel doors as p began charging, unsafe to
examine




☐ Redeemed

Date Redeemed _____

Animal History

Animal # 605027 Tag # 605027

Name: 
[Medical History](#) [S/N Cert](#) [Rabies Cert](#)

Admin	Date / Time	Reference	User	Loc	Action	Reason	Customer	Comments
	12/12/15 04:55:11 PM		KEW		Moved			To Cage: FREEZER-DECEASED
	12/12/15 04:55:11 PM		KEW		Moved			"Cage Cleared"
	12/12/15 04:55:02 PM		KEW		Moved			"Cage Cleared"
	12/12/15 04:55:01 PM		KEW		Moved			To Cage: DOG - IMPOUND STRAY
	12/12/15 04:51:43 PM	605030	AMH		REMOVED	Relinquish Hold		: Remove All Holds (Euthanize) Started: 12/12/15 9:45 AM Expires: 12/13/15 9:45 AM
	12/12/15 04:51:43 PM		AMH		Moved			"Cage Cleared"
	12/12/15 04:51:00 PM	605093	AMH		ADDED	Euthanized		
X	12/12/15 04:51:00 PM	605092	AMH	M	Euthanize	Failed Behavior Assessment	Gastineau Humane Society	Aggression Entered: 12/12/15 04:51 PM
	12/12/15 04:47:13 PM	605091	KEW		Animal Control Report	SR		Assist GHS Clinic
	12/12/15 02:24:49 PM	605078	AMH		Medetail	Bordetella	Gastineau Humane Society	9/14/15 SEAAMC
	12/12/15 02:24:33 PM	605077	AMH		Medetail	DA2PP	Gastineau Humane Society	9/14/15 SEAAMC
	12/12/15 02:24:07 PM	605076	AMH		Medetail	Rabies Vaccine-3 yr	Gastineau Humane Society	SEAAMC 10/14/13
	12/12/15 09:47:19 AM		REA		Moved			To Cage: DOG - IMPOUND STRAY
	12/12/15 09:45:00 AM	605030	REA		ADDED	Relinquish Hold		Expires: 12/13/15 9:45 AM
X	12/12/15 09:45:00 AM	605028	REA	M	Owner Relinquish	Owner Moving		Owners retiring and moving to Nevada and cannot take with. Entered: 12/12/15 09:46 AM

15 items found. Displaying 1 - 15

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Gastineau Humane Society
7705 Glacier HwyJuneau, AK 99801
Shelter: (907) 789-0260 Fax: (907) 789-1795**SERVICE REQUEST # 605091****Case UID: 605090 Case #: Case Status: CLOSED****Case Description:** Assist GHS Clinic**Case Created:** 12-12-2015 16:47 (By: KEW) **Last Updated:** 12-27-2015 15:29 (By: KEW) **Closed:** 12-27-2015 15:29 (By: KEW)**Report UID: 605091 Report #: Report Status: CLOSED****Report Description:** Assist GHS Clinic**Call Type:** Assist - Public**Call Priority:** Code 5 Respond Standard (Non Emergency)**Call Received:** 12-12-2015 03:15 **By:** KEW**Call Assigned:** 12-12-2015 15:15 **By:** KEW **Assigned To:** KEW**COMPLAINT LOCATION****Address 1:** GHS impound kennels**Address 2:****City/State/Zip:** Juneau / AK / 99801**Location Notes:****COMPLAINT DETAILS**

Details: The canine, [REDACTED], an altered female Chihuahua mix, was relinquished today and the owner stated it was for reasons of retirement and moving. Front office staff felt as if he was not telling the truth about the canine's aggressive tendencies and only disclosed that she was 'not good with kids'. [REDACTED] Vet Tech, informed Officer Wood that kennel staff [REDACTED] could barely take the leash off of the canine and it lunged and tried to bite her repeatedly. [REDACTED] requested that ACO move the canine to a Dangerous Dog kennel and handle it so kennel staff doesn't have to. She would like to give the canine a few days to settle down to see if she will be able to calm at all. Canine is current on rabies and other vaccinations.

Arrived: 12-12-2015 16:10**Completed:** 12-27-2015 15:28

Comments: 12/12/2015 @ 16:10 [REDACTED] Vet Tech, called Officer Wood to say she has requested that Dr. [REDACTED] come to GHS and PTS the canine as she believes the risk of her biting someone is too great and she does not think, with the behavior she is currently displaying, that she would ever be a candidate for adoption. She is highly stressed in the kennel environment. ACO went downstairs and was unable to leash the canine with a slip lead as she was snapping and lunging. ACO used the catch pole to transport the canine to the clinic where Dr. [REDACTED] euthanized her. 12/14/2015 @0950: [REDACTED] came to GHS and requested that she redeem [REDACTED] stated that they are planning to move to Arizona but not in the immediate future and decided to relinquish [REDACTED]. They thought travel would be too stressful for [REDACTED] stated that they had discussed relinquishing [REDACTED] and agreed that it was the best option. [REDACTED] stated that after they had relinquished the canine they regretted the decision and decided they wanted her back. [REDACTED] stated that they decided to take [REDACTED] with them when they move. Officer Peyerk and Kennel Supervisor Gervais advised [REDACTED] that due to the behavior of [REDACTED] that she was euthanized. Officer Peyerk explained that [REDACTED] was very stressed and aggressive and it was the best option for [REDACTED] 12/15/2015 @0930: [REDACTED] came to GHS asking to speak to someone about the canine being euthanized. Officer Wood and Officer Peyerk spoke to [REDACTED] and explained that the canine is property of GHS. The canine was euthanized due to behavior,

stress and safety of the canine. [REDACTED] stated they had called on 12/12/2015 in the afternoon to request that they take custody of the canine. Search of ACO records found that on 12/12/2015 @0847 and 0849 called GHS prior to relinquishing the canine. On 12/13/2015 @0953 they called and did not leave a voice message. Case closed.

ACTIONS TAKEN

Report UID	Qty	Type	Added:	By:
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DISPATCHES**SUBJECTS**

[REDACTED] Address 1: [REDACTED] City/State/Zip: Juneau, AK, 99801		Type: ORI,OWN	UID: <u>605026</u>	
		Home: [REDACTED]		

[REDACTED] Address 1: [REDACTED] City/State/Zip: [REDACTED]		Type: ORI	UID: <u>556205</u>	
		Home: [REDACTED]		

[REDACTED] Address 1: [REDACTED] City/State/Zip: [REDACTED]		Type: VIC	UID: <u>593277</u>	
		Home: [REDACTED]		

[REDACTED] Address 1: [REDACTED] City/State/Zip: Juneau, AK, 99801		[REDACTED]	UID: <u>8522</u>	
		Address 2: [REDACTED]		
		Work: [REDACTED]		

[REDACTED] Address 1: [REDACTED] City/State/Zip: Juneau, AK, 99801		[REDACTED]	UID: <u>553927</u>	
		Home: [REDACTED]		

ANIMALS

<u>605027</u>	Tag #: 605027	Name: [REDACTED]	Species: Dog
Breed: Chihuahua / Unknown		Sex: F	Age: 3 Yrs, 6 Mths (07-26-2012)
Color: BRW		Description:	

Report # 605091
Created: 12-12-2015 16:47 (By: KEW) Last Updated: 12-27-2015 15:29 (By: KEW) Closed: 12-27-2015 15:29 (By: KEW)

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Incoming Dog Profile

The following questionnaire provides us with information about how your dog behaved in many different circumstances while he or she was living with you. Because your dog is likely to behave in similar ways in his/her new home, this information will help us find the most suitable home for your dog and effectively counsel the new family in an effort to keep the dog in a home situation for life. Your open and honest answers are necessary and very much appreciated in order for us to make successful adoptions.

1. Dog and Household Demographics

Dog's Name: [REDACTED] Sex: ☐ Male ☒ Female Altered ☒ N

Age: 3 (years / months) Breed: Chihuahua

How long have you had this dog? (years / months) 2 years 6 months

Your relationship to this dog? ☒ Owner ☐ Caretaker ☐ Foster ☐ Other

Where did you get this dog? (Please circle the following) GHS SOFA Petco Craigslist Breeder

Friend Other Shelter Face book Ad Other (Please explain)

Why are you giving up this dog? Moving on able to take [REDACTED] with us.

How many people lived in the household? 2 Ages: 65

What other animals are in the household? ☐ Dogs ☐ Cats ☐ Other

2. Behavioral History

Please answer the following questions about your dog's usual behavior.

How does your dog usually behave toward the following?

	Friendly	Afraid	Growls	Snaps	Bites	None	Never Encounter
Unfamiliar People			X				
Men			X				
Women							
Children	X						
Familiar People	X						
Men			X				
Women	X						
Children	X						
Unfamiliar Animals	X						
Dogs	X						
Cats	X						
Familiar Animals	X						
Dogs	X						
Cats	X						

Does your dog chase any of the following? ☐ Outdoor cats ☐ Bicycles ☐ Cars

☐ Skateboarders/Rollerbladers ☐ Squirrels, other small animals ☐ Joggers



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☐ Doesn't chase ☐ Other _____

How does your dog usually react when you or someone else do the following?

	Never tried	Enjoys	Afraid	Doesn't Mind	Growls/Snaps	Bites
Bathe / Clip		X				
Brush		X				
Trim Nails				X		

How does your dog usually react when you or another family member does the following?

	Never tried	Shows teeth/growls	Snaps	Bites	None of these
Touch the dog or the dog's food while he/she is eating a meal?					X
Touch the dog or the dog's bone, rawhide, pig's ear, stolen food or another delicious item while he/she is chewing?					X
Touch the dog or a stolen object in the dog's mouth (tissue, shoe, sock, etc?)					X
Pet the dog or move the dog while sleeping?					X
Push or pull the dog off of furniture?					X

How does your dog usually react when an unfamiliar person approaches or enters the yard or house? ☐ Friendly ☐ Afraid ☒ Barks ☒ Shows teeth/Growls ☐ Snaps ☐ Bites
☐ Other _____

Where does your dog mainly live? ☒ In house runs free ☐ In house, in kennel ☐ Outside, runs free ☐ Outside, in fenced yard ☐ Outside, on chain/run ☐ Outside, in kennel
☐ Other _____

Is your dog potty-trained? ☒ Yes, loose in the house ☐ Yes, crate-trained ☐ Yes, pee-pad/newspaper trained ☐ Yes, but has an occasional accident ___ times a week ☐ No

How long is your dog left alone, without people, during the day? ☐ Never
☐ 1-3 hour's ☒ 4-8 hour's ☐ 9-12 hour's ☐ 12+ hours

When your dog is left alone, he/she is... ☐ Outdoors ☒ Loose in house ☐ Confined in a room ☐ In a kennel ☐ Other _____



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When left alone, does your dog *usually* show any of the following behaviors?

☐ Urinate/defecate ☐ Bark ☐ Whine/Cry ☒ None of these ☐ Other _____

When you are home, does your dog *usually* show any of the following behaviors?

☐ Destroy household items ☐ Urinate/Defecate ☐ Bark ☐ Whine/Cry
☒ None of these ☐ Other _____

What games does your dog like? ☒ Fetch ☒ Tug ☒ Chase ☒ Wrestling ☐ None
☐ Other _____

What toys does your dog like? ☐ Balls ☐ Frisbee ☒ Tug Rope ☐ Plush ☒ Squeaky
☐ Other _____

When your dog plays does he/she typically... ☐ Jump ☐ Growl ☐ Bark ☒ Mouth lightly
☐ Mouth hard ☐ Nip heels ☐ None of these

Is your dog scared of anything? ☐ Gunshots/Fireworks ☐ Vacuum ☐ Water
☐ Other _____

Is your dog allowed on the furniture? ☒ Bed ☒ Couch/Chairs ☐ No

Please tell us your dog's "bad habits" very picky

Where does your dog sleep overnight? ☐ Kennel ☐ Floor ☐ Dog bed ☒ Owner bed
☐ Other _____

Has your dog had any formal obedience training? ☐ Yes ☐ Clicker ☐ Head Halter
☐ Shock collar ☐ Choke/Prong Collar ☒ No ☐ Other _____

What cues/commands does your dog know? ☐ Sit ☐ Down ☒ Come ☐ Stay ☐ Heel
☐ Shake ☐ Other _____

Do you walk your dog on a... ☒ Regular collar ☐ Head halter ☐ Choke/Prong Collar
☐ Harness ☐ Other _____

Does your dog have problems riding in the car? ☐ Don't know ☒ No
☐ Yes (please specify) _____

Has your dog escaped your property 2 or more times in the last 6 months? ☒ No ☐ Yes

3. Aggressive Behavior History

Please tell us about any aggressive behavior your dog has ever shown. Please check the appropriate box if your dog has ever displayed any aggressive behaviors towards men, women, children or another domestic animal species (do not include pocket pets like hamsters, etc.). It is not necessary to include aggressive behaviors directed towards a veterinarian or groomer.

does not care for strangers



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	Show teeth/growl	Snap	Bite	Serious Bite (multiple or a bite that required medical attention)	None of these	Don't know
Men	X					
Women	X					
Children						
Dog						
Other domestic animal (livestock, cat, chickens, etc.)						

If a snap or a bite to a human was checked, did the bite take place while breaking up a dog fight or while the dog was in severe pain? ☐ No ☐ Yes

If you checked one or more bites in the table above please detail the circumstances surrounding each event. _____

If any aggressive behavior to men, women, or children was checked in the table above, please answer the following questions. Skip if not applicable.

	Men		Women		Children	
	No	Yes	No	Yes	No	Yes
Was the aggressive behavior over food?	X					
Was it over bones or rawhides or chews?	X					
Was it over toys?	X					
Was it over stolen objects?	X					
Was it when the dog was disturbed while sleeping or resting?	X					
Was it when an adult or child handled the dog (brushing, handling feet, bathing, teeth brushing, ear cleaning, etc.) Do not include reaction to vet/groomer.		X				
Was it when the person entered the yard?		X				
Was it when an adult or child approached or reached toward the dog?		X				

4. Medical History

Does your dog see a veterinarian at least once a year? ☐ No ☒ Yes

If yes, who? Southwest



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Does your dog have any past or present medical conditions? ☒ No ☐ Yes (please explain)

Is your dog currently on any medications or special diets? ☒ No ☐ Yes (please describe)

What type of food does your dog eat? ☒ Dry ☐ Canned ☒ Table scraps How much? 8 oz

How does your dog react when the veterinarian or groomer does the following?

	Never done	Show teeth/Growl	Snap	Bite	None of these
Examine (head, ears, etc.)		<input checked="" type="checkbox"/>			
Restrain		<input checked="" type="checkbox"/>			
Administer shots		<input checked="" type="checkbox"/>			
Trim nails		<input checked="" type="checkbox"/>			
Draw blood		<input checked="" type="checkbox"/>			

Please feel free to tell us any other additional information you think may be helpful to successfully placing the dog in a new home.

[redacted] loves to play with children.

Please let us know if you would like to make a donation to help care for the animals during their stay at our shelter. Thank you.



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Medical Release

This form serves as authorization to release and disclose all medical information including vaccinations, exams, diagnostic testing and results, surgeries.

This authorization is for:

Name of Pet(s): _____

Clinic Name: South east

Clinic Address: _____

Previous Owner (Your Name): _____

Address: _____

Phone Number: _____ (Home) _____ (Cell)

The purpose of this authorization is to provide written documentation for transfer of medical records from the previous owner(s) to the new owner, Gastineau Humane Society.

Please transfer all of the above mentioned information to the new owner at:

Gastineau Humane Society

7705 Glacier Highway, Juneau, AK 99801

Phone: (907) 789-0260 Fax: (907) 789-1795

Previous Owner (Your Name) Signature _____ Date

New Owner's Signature _____ Date

In accordance with the Board of Veterinary Examiners Statutes and Regulations 12 AAC 68.910



OWNER RELEASE FORM

The owner agrees and understands that:

I certify that as owner or custodian, acting in good faith, I give this animal irrevocably to the Gastineau Humane Society (GHS) for whatever disposition it deems best. It is expressly agreed that GHS, including officers and employees will not incur any obligation to me on account of such disposition.

We ask that you please not visit this animal after relinquishment. It makes their transition into the shelter more difficult. Thank you for understanding and accepting that this policy is in the animal's best interest.

Owner's Name: _____

Animal's Name: _____

Owner's Signature: _____

Date: 12/12/15

Owner's Address: _____

Phone Number: _____

Animal's Breed: Chinaw Mix

Sex: F

Altered? yes

Color/Markings: Brown - white

Veterinarian: _____

Has this animal bitten or scratched anybody in the last 10 days? NO

Other important information: very loving

GHS USE ONLY

License Number: _____

Case Number: _____

Microchip Number: _____

UID Number: 605027

Person Number: _____

Rabies Tag Number: _____

Other: _____