



## **Agenda**

### **Public Safety Committee**

Oelwein Community Plaza, 25 West Charles, Oelwein, Iowa

5:15 PM

July 27, 2020  
Oelwein, Iowa

---

**Mayor:** Brett DeVore

**Mayor Pro Tem:** Warren Fisk

**Council Members:** Matt Weber, Renee Cantrell, Tom Stewart, Karen Seeders

---

#### **Pledge of Allegiance**

#### **Discussions**

- [1.](#) Vicious Animal Appeal

---

#### **Adjournment**

In compliance with the Americans with Disabilities Act, those requiring accommodation for Council meetings should notify the City Clerk's Office at least 24 hours prior to the meeting at 319-283-5440

To whom it may concern,

It has been brought to my attention that my parents' dogs; Annie, Peewee, and Jetta, were involved in an incident that resulted in someone being bit. This is very out of character for these dogs.

Jetta who I've been informed wasn't around them when the incident occurred, simply ran outside also, has always been friendly and would only bite if bitten first, since she suffers from very bad separation anxiety and would rather avoid other animals and people at most costs. This is also a very out of character accusation towards Peewee and Annie, as they have always been socialized and even graduated out of an obedience class. Given all dogs have their moments, just as all humans do, I am extremely shocked and surprised to hear that the first time it does happen, it happens to be the neighbor that has had charges pressed against them after their Rottweiler attacked my brother Luke when he was only 11 years old, which resulted in them putting their dog down by their own choice, we never told them that we wanted their dog to be put down or anything of the sorts. The attack also left my brother with two large scars on his face that you can still see today, at age 25, I only mention this because she brought it up to us, which is one reason we feel suspicious about the situation.

Regardless of what her intentions may have been I would like it to also be known that we, my parents and I, feel as if she has been taunting our dogs. She knows that we take our dogs out on a very consistent schedule, only a couple of times a day as to be considerate of our other neighbors, not taking them out when other people have their dogs out and taking them back inside if they start barking and get distracted from their main focus, going to the bathroom. We know that we have more dogs than the city allows, but my parents house has only ended up with this many animals by the fault of my sibling and my own. I had planned on moving out of my parents house and taking my two dogs with me, but for personal reasons those plans had to be changed which has caused me to stay here longer than planned. Jetta and Hades are also my brother's dog, who has also fallen on hard times and found himself living in a house where he could not bring his two animals for their safety. Having all these animals is the reason we have made a schedule, which everyone has come to figure out, even people that don't live on our block. It hasn't been until recently that Dona has started walking her dog at the same times as us, but we've tried to stay respectful and not say anything, as she has just as much right to walk her dog whenever she pleases as anyone else. It just seems very out of the ordinary that she for some reason has recently started only taking her dog out when we have our animals out, which makes us feel as though she wanted one of our dogs to do something so she could retaliate over what happened all those years ago.

It would be greatly appreciated if you will take these words into consideration when deciding what will happen to these dogs, that are not only our pets, but very much part of our family. I and many others do not believe it is correct to label our dogs vicious.

Thank you

- Jade Meyer, Troy Meyer, Christine Meyer

Jade Meyer

Christine M. Meyer  
Troy Meyer



# Oelwein Police Department Voluntary Statement

Statement of: Last, First: GLOEDE DONNA

Address: 622 2ND AVE S.W. City: OELWEIN State: IOWA

DOB: 11 16 1963 Phone #: 563 920 8813

Statement taken by: DONNA GLOEDE

I WAS TAKING MY PUPPY FOR A WALK & HAPPENED TO HEAR DOGS BARKING & SAW THREE PITBULLS COMING FOR ME & MY PUPPY & I GRABBED MY PUPPY IN MY ARMS & THE TWO BROWN PITBULLS ONE ON EACH SIDE OF ME THE ONE ON MY RIGHT BITE ME TRYING TO GET TO MY PUPPY & ALL OF A SUDDEN THEY JERKED MY PUPPY OUT OF MY ARMS & WERE ATTACKING HIM IN THE ROAD AS I WAS SCREAMING AT ROBERT & THE OTHER TWO GUYS ON THE PORCH TO HELP ME & THE TWO GUYS DIDNT MOVE & WHEN ROBERT DECIDED TO COME OUT MY PUPPY WAS RUNNING HOME AS THE THREE DOGS WERE CHASING HIM, THE NEIGHBOR TIM WAS YELLING AT ROBERT TO EITHER GET THE DOGS OR HE WAS GOING TO KILL THEM THEY WERE COMING AFTER HIM. AFTER THE POLICE OFFICERS CAME & THE AMBULANCE CAME & TOOK ME TO THE HOSPITAL MY TWO NEIGHBORS SEEN ROBERT LET THE DOGS OUT TWICE AGAIN WITHOUT THE LEASHES ON THEM. WHEN THEY CAME AFTER ME THE TWO GUYS ON THE PORCH DUCKED DOWN & WERE ALSO SCARED OF THE DOGS BECAUSE AFTER DIVING OVER THEM TO GET TO ME & MY PUPPY I YELLED AT THEM TO HELP ME & THE ONE GUY SHRUGGED HIS SHOULDERS LIKE WHAT COULD HE DO. WHILE I WAS AT THE HOSPITAL GET STITCHES MY HUSBAND SEEN ROBERT TAKING THE TWO BROWN DOGS TO THE DRUG HOUSE WHERE TROY MEYERS SON LUKE LIVES. TWO DAYS LATER I WAS TAKING MY PUPPY FOR A WALK THROUGH OUR BACK ALLEY COMING BACK HOME I WAS IN MY YARD & ANOTHER PITBULL GREY IN COLOR HAD A LITTLE LEASH ON & WAS GROWLING & MOVING SLOWLY IN OUR YARD, I CALLED MY HUSBAND TO COME OUTSIDE BECAUSE I WAS FROZE IN MY TRACKS SCARED OF GETTING ATTACKED AGAIN. I HAVE HAD NIGHTMARES SINCE THIS HAPPENED & SO HAS MY PUPPY, WE WERE SO TRAUMATIZED SINCE THIS ATTACK IT HAS TAKEN A VERY BIG TOLL ON ME & MY PUPPY! THE GREY PITBULL WENT TO THE SAME HOUSE WHERE THE OTHER PITBULLS WHO ATTACKED ME WERE TAKEN.

I certify under the penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signed: *Donna Gloede*

Date: \_\_\_/\_\_\_/\_\_\_ Witness: \_\_\_\_\_

To Whom it may concern:  
 on July 2nd, 2020

I came outside because  
 I heard someone screaming &  
 I saw Donna Gloede in the  
 road bleeding & I told the  
 Guy to get them in the  
 house or I was gonna kill  
 them, because they came  
 up to me in my yard & then before  
~~that~~ he put them in the  
 house, he let them out  
 again after Donna was at  
 the hospital.

Sam Friday

318-~~332~~ 332-8666

To Whom it may concern:

I was sitting in my living room & I heard excessive barking so I went to my front porch & looked out & I saw Donna Gloede standing in the middle of the road, I went out to see & Donna was crying & I saw blood pouring from her hand so I went inside & brought her washcloth to help with her bleeding. I stayed outside until the Police & Ambulance arrived. I went into my house after everything was under control.

Later I was going to take my little dog out & I opened the door & looked out & the same 3 dogs that attacked Donna were outside without leashes, so I went back into my house until the coast was clear to once again take my dog Potty (which) was on a leash  
(Karen Wise 283-3714)













501 Rock Island Road  
Oelwein, Iowa 50662

Jeremy P. Logan  
Chief of Police

Date: July 2, 2020

Troy Meyer:  
201 7<sup>th</sup> St. SE  
Oelwein, Iowa 50662

Dear Mr. Meyer:

This letter is to formally advise you that your dog that you possess, a 1. Peewee-Tan Male SST, 2. Anne- Tan/White Female SST, 3. Jetta- Black Female SST is in violation of Section 19-26 of the Oelwein City Code. This section specifically describes and outlines procedures for the handling of vicious dogs.

On July 2, 2020 all three canines listed above did leave their home property of 201 7<sup>th</sup> ST. SE and did aggressively attack another canine and did attack another human, causing injury to the victim which required medical attention. This attack occurred on a public street or sidewalk (Property) and was unprovoked.

Oelwein City Code Section 19-26 describes a vicious dog as any of the following:

1. "Vicious Dog" means:

- A. Any dog which when unprovoked, in a vicious or terrorizing manner approaches any person in apparent attitude of attack upon the streets, sidewalks, or any public grounds or places; or
- B. Any dog with a known propensity, tendency or disposition to attack unprovoked, to cause injury or to otherwise endanger the safety of human beings or domestic animals; or
- C. Any dog which bites, inflicts injury, assaults or otherwise attacks a human being or domestic animal without provocation on public or private property; or
- D. Any dog owned or harbored primarily or in part for the purpose of dog fighting or any dog trained for dog fighting.

Therefore, you are hereby directed, that within five (5) days of receiving this notice, excluding Saturday & Sunday, you shall:

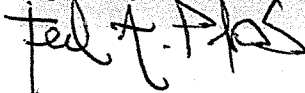
- A. Register said vicious dogs pursuant to the terms and conditions of Section 19-29, (enclosed) or;
- B. Permanently remove said dogs from the City of Oelwein, and submit adequate proof of such removal, or;
- C. Destroy said dogs in an expeditious and humane manner, and submit adequate written documentation of such act.

You do have the right to appeal this declaration to the Oelwein City Council. That appeal needs to be made, in writing, within five (5) days, exclusive of Saturdays & Sundays and delivered to Oelwein City Hall, 20 2<sup>nd</sup> Ave S.W., Oelwein, Iowa 50662. If no notice of appeal is received within this time frame, it will be deemed that the appeal is waived. \*An appeal of this declaration is separate from any possible pending court action that may be required for charges filed for, including but not limited to, Dog At Large, Disturbing the Public Quiet etc... Citations/charges will be addressed in magistrate court. The appeal of this declaration will be addressed by the Oelwein City Council.

If the vicious dog is not registered, removed or destroyed or if no appeal is received within five days, the City of Oelwein will impound the dogs and assess the costs against you.

Thank you for your time and anticipated expeditious response to this matter.

Respectfully,



Officer Ted A. Phillips 33-124  
Oelwein Police Department

Enc. Vicious Animal Ordinance of the City of Oelwein.

Cc: Chief of Police, City Hall, File 10-04367

## Oelwein Police Department

501 Rock Island Road  
Oelwein, Iowa 50662

Jeremy P. Logan  
Chief of Police

### SECTION 19-26. DEFINITIONS.

As used in Sections 19-26 through 19-33, inclusive, the following words and terms shall have the following meanings, unless the context shall indicate another or different meaning or intent:

1. "Vicious Dog" means:

- A. Any dog which when unprovoked, in a vicious or terrorizing manner approaches any person in apparent attitude of attack upon the streets, sidewalks, or any public grounds or places; or
- B. Any dog with a known propensity, tendency or disposition to attack unprovoked, to cause injury or to otherwise endanger the safety of human beings or domestic animals; or
- C. Any dog which bites, inflicts injury, assaults or otherwise attacks a human being or domestic animal without provocation on public or private property; or
- D. Any dog owned or harbored primarily or in part for the purpose of dog fighting or any dog trained for dog fighting.

Notwithstanding the definition of a vicious dog above, no dog may be declared vicious if an injury or damage is sustained by a person who, at the time such injury or damage was sustained, was committing a willful trespass or other tort upon premises occupied by the owner or keeper of the dog, or was teasing, tormenting, abusing or assaulting the dog or was committing or attempting to commit a crime.

No dog may be declared vicious if any injury or damage was sustained by a domestic animal which at the time such injury or damage was sustained was teasing, tormenting, abusing or assaulting the dog. No dog may be declared vicious if the dog was protecting or defending a human being within the immediate vicinity of the dog from an unjustified attack or assault.

2. "Enclosure" means a fence or structure of at least six feet ("6") in height, forming or causing an enclosure suitable to prevent the entry of young children, and suitable to confine a vicious dog. Such enclosure shall be securely enclosed and locked and designed with secure sides, top and bottom and shall be designed to prevent the animal from escaping from the enclosure. Any gates or access to the enclosure shall be self closing and equipped with a keyed or combination locking device.

3. "Animal Control Officer" means the Animal Control Warden, the Chief of Police or the Chief's designee.

4. "Impounded" means taken into custody by the Animal Control Officer.

5. "Persons" means a natural person or any legal entity, including but not limited to, a corporation, firm, partnership or trust.

### SECTION 19-27. VICIOUS DOG – DESIGNATION.

In the event that the Animal Control Officer has probable cause to believe that a dog is vicious, said officer shall notify, in writing, by personal service or certified mail, the owner and keeper of said dog, that said dog has been declared a vicious dog.

The written notice shall include:

- 1. Description of the dog, to the extent possible;
- 2. State that the dog is vicious pursuant to the provisions of this chapter;
- 3. State that within five (5) days, exclusive of Saturdays and Sundays, from the receipt of notice the owner or keeper of the dog shall:
  - A. Register said vicious dog pursuant to the terms and conditions of Section 19-29 below, or;
  - B. Permanently remove said dog from the city of Oelwein, and submit adequate proof of such removal, or;
  - C. Destroy said dog in an expeditious and humane manner, and submit adequate written documentation of such act.
- 4. State that the owner or keeper of the dog may appeal the decision of the Animal Control Officer to the City Council, in writing, within five (5) days, exclusive of Saturdays and Sundays. The notice shall further advise that in

## Oelwein Police Department

501 Rock Island Road  
Oelwein, Iowa 50662

Jeremy P. Logan  
Chief of Police

the event there is no written notice of appeal filed with the City Clerk within five (5) days, exclusive of Saturdays and Sundays, the right to appeal will be deemed waived and the decision of the Animal Control Officer will be conclusively presumed.

5. State that if the vicious dog has not been registered, removed or destroyed or if no appeal is requested within the five (5) days, exclusive of Saturdays and Sundays, the city will impound the dog and assess the costs against the owner and keeper of the dog.

### SECTION 19-28. APPEALS.

Any owner or keeper of a dog that has been declared vicious may appeal to the City Council for review. The appeal must be in writing and received by the City Clerk within five (5) days, exclusive of Saturdays and Sundays, of the Animal Control Officers notice. The City Council shall, within fourteen (14) days of receipt of the appeal, fix the time and place of the hearing, which shall be within thirty days after the filing of the appeal. The City Council, after hearing such testimony and evidence as it may deem proper, shall render its decision. The decision of the City Council shall be final and the Animal Control Officer shall take such action as is necessary to carry out such decision.

In the event that the Animal Control Officer has probable cause to believe that the dog in question is vicious and may pose a threat of serious harm to human beings or other domestic animals, the Animal Control Officer may seize and impound the dog pending the appeal. The owner or keeper of the dog shall be liable to the City of Oelwein for the costs and expenses of keeping such dog if the dog is found to be a vicious dog.

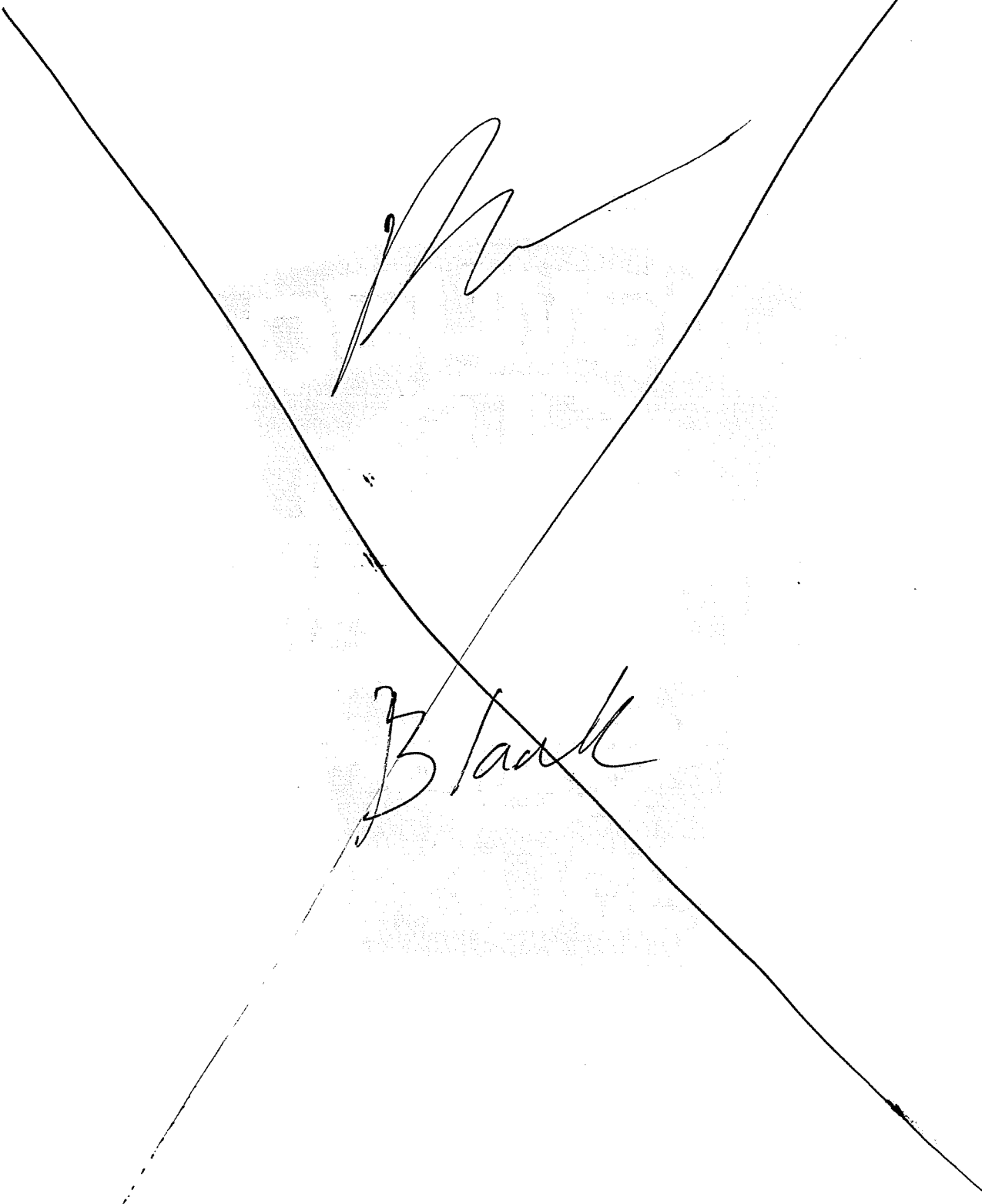
### SECTION 19-29. REQUIREMENTS FOR REGISTRATION.

1. No vicious dog shall be licensed by the City of Oelwein for any licensing period commencing after the effective date of this ordinance unless the owner or keeper of such vicious dog shall meet the following requirements:
  - A. The owner or keeper shall present to the city or town clerk or other licensing authority, proof that the owner or keeper has procured liability insurance issued by an insurance company licensed to do business in the State of Iowa, in the amount of at least one hundred thousand dollars (\$100,000.00) covering any damage or injury which may be caused by such vicious dog during the twelve (12) month period for which licensing is sought, which policy shall contain a provision requiring the city or town to be named as additional insured for the sole purpose of the city or town clerk or other licensing authority where such dog is licensed to be notified by the insurance company of any cancellation, termination or expiration of the liability insurance policy.
  - B. The owner or keeper shall cause the vicious dog to be identified by means of a special blaze orange collar visible from a distance of 100 feet, which the dog must wear at all times.
  - C. The owner or keeper shall display a sign on his or her premises warning that there is a vicious dog on the premises. Said sign shall be visible and capable of being read from the public highway.
  - D. The owner or keeper shall sign a statement attesting that:
    1. The owner or keeper shall maintain and not voluntarily cancel the liability insurance required by this section during the twelve (12) month period for which licensing is sought, unless the owner or keeper shall cease to own or keep the vicious dog prior to expiration of such license.
    2. The owner or keeper shall, on or prior to the effective date of such license for which application is being made, have an enclosure for the vicious dog on the property where the vicious dog will be kept or maintained.
    3. The owner or keeper shall notify the licensing authority and the animal control warden immediately if a vicious dog is on the loose, is unconfined, has attacked another animal or has attacked a human being, or has died or has been sold or given away. If the vicious dog has been sold or given away the owner or keeper shall also provide the licensing authority with the name, address and telephone number of the new owner of the vicious dog.
2. The Animal control Officer is hereby empowered to make whatever inquiry is deemed necessary to ensure compliance with the provisions of this chapter, and any such officer is hereby empowered to seize and impound any vicious dog whose owner or keeper fails to comply with the provisions hereof.

**Oelwein Police Department**

501 Rock Island Road  
Oelwein, Iowa 50662

Jeremy P. Logan  
Chief of Police



*Blank*

## Oelwein Police Department

---

501 Rock Island Road  
Oelwein, Iowa 50662

Jeremy P. Logan  
Chief of Police

In the event that the owner or keeper of the dog refuses to surrender the animal to the officer, the officer may request a police officer to obtain a search warrant to seize the dog upon execution of the warrant.

Notwithstanding any other provisions of this code, any person in possession of a vicious dog upon the effective date of this ordinance shall have fourteen days to amend any current license application to show compliance with Section 19-29 of this code.

### SECTION 19-30. CONTROL OF VICIOUS DOGS.

All vicious dogs shall be confined in an enclosure. It shall be unlawful for any owner or keeper to maintain a vicious dog upon any premises which does not have a locked enclosure.

It shall be unlawful for any owner or keeper to allow any vicious dog to be outside of the dwelling of the owner or keeper or outside of the enclosure unless it is necessary for the owner or keeper to obtain veterinary care for the vicious dog or to sell or give away the vicious dog or to comply with commands or directions of the animal control warden with respect to the vicious dog, or to comply with the provisions of Section 19-27(3) of this Chapter. In such event, the vicious dog shall be securely muzzled and restrained with a chain having a minimum tensile strength of three hundred (300) pounds and not exceeding three feet (3') in length, and shall be under the direct control and supervision of the owner or keeper of the vicious dog.

### SECTION 19-31. PURPOSE OR INTENT - - HARBORING.

No person shall own or harbor any dog for the purpose of dog fighting, or train, torment, badger, bait or use any dog for the purpose of causing or encouraging said dog to unprovoked attacks upon human beings or domestic animals. No person shall possess with intent to sell, or offer for sale, breed, or buy or attempt to buy within the city any vicious dog.

### SECTION 19-32. PENALTIES FOR VIOLATION.

1. Any owner or keeper of a dog violating any of the provisions of this chapter shall, upon conviction, be guilty of a municipal infraction. Each day that a violation occurs or is permitted to exist by the violator, constitutes a separate offense.

2. If any dog previously declared to be a vicious dog, shall, when unprovoked, attack, assault, bite or otherwise injure any human being or assist in attacking, assaulting, biting or otherwise injuring any human being while out of or within the enclosure of the owner or keeper of such vicious dog, or while otherwise, on or off the property of the owner or keeper whether or not such vicious dog was on a leash and securely muzzled or whether the vicious dog escaped without fault of the owner or keeper, the owner or keeper of such dog shall be guilty of a municipal infraction. It is rebuttably presumed as a matter of law that the owning, keeping or harboring of a vicious dog in violation of this chapter is a nuisance. It shall not be necessary, in order to sustain any such action, to prove that the owner or keeper of such vicious dog knew that such vicious dog possessed the propensity to cause such damage or that the vicious dog had a vicious nature. Upon such attack or assault, the Animal Control Officer is empowered to confiscate and, after expiration of a five (5) day waiting period exclusive of Sundays and holidays, shall destroy said vicious dog.





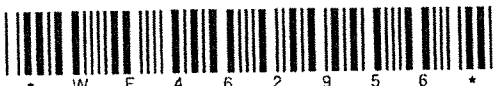
TOP OF LABEL  
PATIENT LABEL MUST BE PLACED HERE  
LABEL CANNOT BE IN ANY OTHER  
LOCATION OR POSITION  
BOTTOM OF LABEL

### Authorization to Disclose Health Information

462956 4/04/19 dp Page 1 of 1

Upcoming Appointment Date \_\_\_\_\_ FIN \_\_\_\_\_

<b>Patient Identification:</b>  X	Patient's Name (legal, maiden, other):		
	Address: 202 5th AVE NE		
	City: CRIVIERA	State: LA	Zip Code: 50662
	Date of Birth: 6-16-1962	Phone: 319-238-0880	
<b>Provider/ Organization:</b> (Who is authorized to release the information.)	<input type="checkbox"/> Waterloo Medical Center <input type="checkbox"/> Oelwein Medical Center <input type="checkbox"/> Cedar Falls Medical Center <input type="checkbox"/> MercyOne Medical Group		
	<input type="checkbox"/> Other:		
	Address:		
	City:	State:	Zip Code:
<b>Requester:</b> (Where do you want the information sent.)	Requester's Name:		
	Address:		
	City:	State:	Zip Code:
	Phone:	Fax:	
<b>Information to be Disclosed:</b>	Requested Date(s) of Service:		
	<input type="checkbox"/> Record Abstract (all doctor's dictation/test results)		
	<input type="checkbox"/> Consultant Reports from (names of doctors)		
	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Entire Record
	<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Medication List	<input type="checkbox"/> X-Ray and Imaging Reports
	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Emergency Department Record	<input type="checkbox"/> List of Allergies
	<input checked="" type="checkbox"/> Other: INCIDENT ON 7/3/20		
<b>For the Purpose of:</b> (check all that apply)	<input type="checkbox"/> Continued Care <input type="checkbox"/> Insurance Coverage <input type="checkbox"/> Legal <input type="checkbox"/> SSA/Disability <input type="checkbox"/> Personal Use		
	<input type="checkbox"/> Other (explain):		
<b>Requested Format:</b>	<input type="checkbox"/> Paper <input type="checkbox"/> CD		
<b>SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:</b>			
I authorize the use or disclosure of the above named patient's health information as described below. If the information of the following types is available, I give permission for its release: (Patient must check appropriate box(es)).			
Substance Abuse <input type="checkbox"/> Yes OR <input type="checkbox"/> No	Mental Health <input type="checkbox"/> Yes OR <input type="checkbox"/> No	HIV Related Information <input type="checkbox"/> Yes OR <input type="checkbox"/> No	
Signature of Patient or Legal Guardian <i>In order for the above information to be released, you must sign here.</i>			Date
<p>This authorization is voluntary. MercyOne will not condition your treatment on this authorization.</p> <p>I understand that I have a right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the Health Information Department. I understand that my revocation will not apply to information that has already been released in response to this authorization.</p> <p>I also understand that I have a right to view and/or receive copies of my health information and that there may be a charge for copies. In support of your privacy, MercyOne does not accept your blanket authorization to disclose health information of treatment not yet received unless the authorization specifically requests release of information of further treatment of the condition treated in the originally requested episode. A new authorization will be required for each new episode of care. I understand that if I refuse to authorize the disclosure of information, the information may not be released. Refer to the Notice of Privacy Practices for more information about your rights with your health information.</p> <p>I understand that the information in my health record may include information relating to mental health, substance abuse, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). I understand that if I refuse to authorize the disclosure of information, the information may not be released.</p> <p>I understand that if a recipient of the health information is not governed by federal and state confidentiality laws, the health information disclosed as a result of this authorization may be re-disclosed by the recipient and no longer be protected by such laws.</p> <p>This authorization automatically expires 365 days from the date this authorization is signed by the patient below unless otherwise noted.</p>			
Signature of Patient or Authorized Representative			Date 7-7-2021
If signed by Authorized Representative, Relationship to Patient			Date
Signature of Witness			Date
If unable to sign document, give reason			



This information has been disclosed to you from records protected by Federal laws and regulations protecting substance abuse treatment program records (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for the purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Winthrop Veterinary Clinic  
524 7th Street South  
Winthrop, IA 50682  
(319) 935-3393

**Rabies Certificate**

Client ID: 3281  
Client Name: Troy Meyer  
Address: 201 7th St. SW  
Oelwein, IA 50662  
Phone: (319)238-1916

Patient ID: 5270  
Patient Name: Annie  
Species: Canine  
Breed: Pitbull  
Sex: Female  
Color: Brown and white  
Markings:  
Birthday: 05/29/2019  
Weight: 25.00 pounds on 10/2/2019  
Microchip ID:

Tag Number: 10144  
Lot Number: 321086  
Rabies (Sm.Animal)  
Producer: Merck  
K / MLV / R: Killed Virus

Vaccination Date: 10/2/2019  
Expiration Date: 10/2/2020

Staff Name: Jeremy Johnson, DVM  
License Number: 7853

Winthrop Veterinary Clinic  
524 7th Street South  
Winthrop, IA 50682  
(319) 935-3393

**Rabies Certificate**

Client ID: 3281  
Client Name: Troy Meyer  
Address: 201 7th St. SW  
  
Oelwein, IA 50662  
  
Phone: (319)238-1916

Patient ID: 5269  
Patient Name: Peewee  
Species: Canine  
Breed: Pitbull  
Sex: Male  
Color: brown and white  
Markings:  
Birthday: 05/29/2019  
Weight: 30.60 pounds on 10/2/2019  
Microchip ID:

Tag Number: 10147  
Lot Number: 321086  
Rabies (Sm.Animal)  
Producer: Merck  
K / MLV / R: Killed Virus

Vaccination Date: 10/2/2019  
Expiration Date: 10/2/2020

Staff Name: Jeremy Johnson, DVM  
License Number: 7853

Vaccination Record

Date	Rabies	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	CDPPV*	Influenza	Lepto	Bordetella	Lyme
7/10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8/14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \* Nobivac Canine 1-DAPPvL2

Medical Record

Date	Notes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Flea & Tick Treatment

Date	Notes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

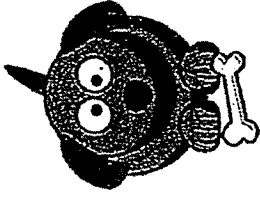
Fecal/Deworming

Date	Notes
7/17	.5cc
8/14	.5cc
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Heartworm Preventative

Date	Notes
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____





# Health Record Of

Name:	Ariane
Date of Birth:	MAY 29, 2019
Breed:	
Sex:	Female
Markings:	Red/White
Microchip ID Number:	

Age \_\_\_\_\_ Date \_\_\_\_\_ Weight \_\_\_\_\_  
 7 weeks 7-16 lbs

Below are the most important diseases for which vaccines are currently available:

Rabies, one of the world's most publicized and feared diseases, is always fatal. Rabies virus attacks the nervous system, and is transmitted chiefly through the bite of an infected animal.

Distemper is among a very contagious and fatal disease of the respiratory tract, gastrointestinal tract, and nervous system. It is transmitted through contact with bodily and airborne secretions.

Canine adenovirus, type 2 is associated with infectious hepatitis and infectious tracheobronchitis. It is spread through bodily and airborne secretions.

Parainfluenza is a common and highly contagious cause of infectious tracheobronchitis. It is an airborne disease.

Parvovirus is a highly contagious, aggressive, and often fatal gastrointestinal virus. It is transmitted through direct contact with infected animals, feces, and other objects that have traces of the virus.

Lyme disease is transmitted through tick bites. It is difficult to diagnose in dogs because they do not show the same symptoms as humans. The most common sign described is that the dog is "walking on eggshells."

Leptospirosis is an infection that is contracted through skin contact with infected water, soil, mud, or the urine of an infected animal. It can be transmitted to humans.

Bordetella is associated with respiratory disease (kennel cough). It can be transmitted to cats, rabbits, and humans. It is highly contagious and transmitted through the air and direct contact.

Influenza is one of the viral causes of kennel cough. It is highly contagious through contact with other infected dogs. The fatality rate is low, but most dogs have not been exposed or vaccinated for it.

\_\_\_\_\_ weeks \_\_\_\_\_ lbs

\_\_\_\_\_ weeks \_\_\_\_\_

\_\_\_\_\_ weeks \_\_\_\_\_

\_\_\_\_\_ weeks \_\_\_\_\_

1 year \_\_\_\_\_

2 years \_\_\_\_\_

3 years \_\_\_\_\_

4 years \_\_\_\_\_

5 years \_\_\_\_\_

6 years \_\_\_\_\_

7 years \_\_\_\_\_

8 years \_\_\_\_\_

9 years \_\_\_\_\_

10 years \_\_\_\_\_

12 years \_\_\_\_\_

13 years \_\_\_\_\_

14 years \_\_\_\_\_

15 years \_\_\_\_\_

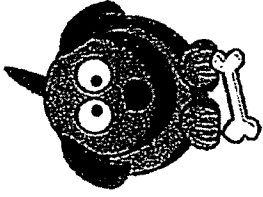
16 years \_\_\_\_\_

17 years \_\_\_\_\_

18 years \_\_\_\_\_

19 years \_\_\_\_\_

20 years \_\_\_\_\_



# Health Record Of

Name	Pete Wae
Date of Birth	May 29, 2019
Breed	Pitbull
Sex	Male
Markings	Red/Black
Microchip ID Number	

Age \_\_\_\_\_ Date \_\_\_\_\_ Weight \_\_\_\_\_

- \_\_\_\_\_ weeks
- \_\_\_\_\_ weeks
- \_\_\_\_\_ weeks
- \_\_\_\_\_ weeks
- 1 year \_\_\_\_\_
- 2 years \_\_\_\_\_
- 3 years \_\_\_\_\_
- 4 years \_\_\_\_\_
- 5 years \_\_\_\_\_
- 6 years \_\_\_\_\_
- 7 years \_\_\_\_\_
- 8 years \_\_\_\_\_
- 9 years \_\_\_\_\_
- 10 years \_\_\_\_\_
- 12 years \_\_\_\_\_
- 13 years \_\_\_\_\_
- 14 years \_\_\_\_\_
- 15 years \_\_\_\_\_
- 16 years \_\_\_\_\_
- 17 years \_\_\_\_\_
- 18 years \_\_\_\_\_
- 19 years \_\_\_\_\_
- 20 years \_\_\_\_\_

## Immunization

Below are the most important diseases for which vaccines are currently available:

Rabies, one of the world's most publicized and feared diseases, is always fatal. Rabies virus attacks the nervous system, and is transmitted chiefly through the bite of an infected animal.

Distemper is among a very contagious and fatal disease of the respiratory tract, gastrointestinal tract, and nervous system. It is transmitted through contact with bodily and airborne secretions.

Canine adenovirus, type 2 is associated with infectious hepatitis and infectious tracheobronchitis. It is spread through bodily and airborne secretions.

Parainfluenza is a common and highly contagious cause of infectious tracheobronchitis. It is an airborne disease.

Parvovirus is a highly contagious, aggressive, and often fatal gastrointestinal virus. It is transmitted through direct contact with infected animals, feces, and other objects that have traces of the virus.

Lyme disease is transmitted through tick bites. It is difficult to diagnose in dogs because they do not show the same symptoms as humans. The most common sign described is that the dog is "walking on eggshells."

Leptospirosis is an infection that is contracted through skin contact with infected water, soil, mud, or the urine of an infected animal. It can be transmitted to humans.

Bordetella is associated with respiratory disease (kennel cough). It can be transmitted to cats, rabbits, and humans. It is highly contagious and transmitted through the air and direct contact.

Influenza is one of the viral causes of kennel cough; it is highly contagious through contact with other infected dogs. The fatality rate is low, but most dogs have not been exposed or vaccinated for it.

Winthrop Veterinary Clinic  
524 7th Street South  
Winthrop, IA 50682  
(319) 935-3393

**Rabies Certificate**

Client ID: 3281  
Client Name: Troy Meyer  
Address: 201 7th St. SW  
Oelwein, IA 50662  
Phone: (319)238-1916

Patient ID: 5270  
Patient Name: Annie  
Species: Canine  
Breed: Pitbull  
Sex: Female  
Color: Brown and white  
Markings:  
Birthday: 05/29/2019  
Weight: 25.00 pounds on 10/2/2019  
Microchip ID:

Tag Number: 10144  
Lot Number: 321086  
Rabies (Sm.Animal)  
Producer: Merck  
K / MLV / R: Killed Virus

Vaccination Date: 10/2/2019  
Expiration Date: 10/2/2020

Staff Name: Jeremy Johnson, DVM  
License Number: 7853



Winthrop Veterinary Clinic  
524 7th Street South  
Winthrop, IA 50682  
(319) 935-3393

**Rabies Certificate**

Client ID: 3281  
Client Name: Troy Meyer  
Address: 201 7th St. SW  
  
Oelwein, IA 50662  
Phone: (319)238-1916

Patient ID: 5269  
Patient Name: Peewee  
Species: Canine  
Breed: Pitbull  
Sex: Male  
Color: brown and white  
Markings:  
Birthday: 05/29/2019  
Weight: 30.60 pounds on 10/2/2019  
Microchip ID:

Tag Number: 10147  
Lot Number: 321086  
Rabies (Sm.Animal)  
Producer: Merck  
K / MLV / R: Killed Virus

Vaccination Date: 10/2/2019  
Expiration Date: 10/2/2020

Staff Name: Jeremy Johnson, DVM  
License Number: 7853

### Vaccination Record

Date	Rabies	<del>MR</del>	Typh	Bordetella	Lepto	Influenza			
7/10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \* Nobivac Canine 1-DAPPv-2

### Fecal/Deworming

Date	Notes
7/17	.5cc
8/14	.5cc

### Medical Record

Date	Notes

### Heartworm Preventative

Date	Notes

### Flea & Tick Treatment

Date	Notes

Medical Record

Date	Notes

Fecal/Deworming

Date	Notes
7-17	1.5 cc
8-14	

Flea & Tick Treatment

Date	Notes
11-13-19	bravecto

Heartworm Preventative

Date	Notes

Vaccination Record

Date	Rabies	DAPPV1	DAPPV2	Influenza	Lepto	Bordetella	Lyme						
1/17/19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8/14/19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10/21/19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: Nabivac 1-DAPPV2

# Immunization

Below are the most important diseases for which vaccines are currently available:

Rabies, one of the world's most publicized and feared diseases, is always fatal. Rabies virus attacks the nervous system, and is transmitted chiefly through the bite of an infected animal.

Distemper is among a very contagious and fatal disease of the respiratory tract, gastrointestinal tract, and nervous system. It is transmitted through contact with bodily and airborne secretions.

Canine adenovirus, type 2 is associated with infectious hepatitis and infectious tracheobronchitis. It is spread through bodily and airborne secretions.

Parainfluenza is a common and highly contagious cause of infectious tracheobronchitis. It is an airborne disease.

Parvovirus is a highly contagious, aggressive, and often fatal gastrointestinal virus. It is transmitted through direct contact with infected animals, feces, and other objects that have traces of the virus.

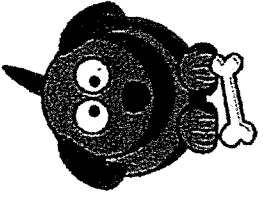
Lyme disease is transmitted through tick bites. It is difficult to diagnose in dogs because they do not show the same symptoms as humans. The most common sign described is that the dog is "walking on eggshells."

Leptospirosis is an infection that is contracted through skin contact with infected water, soil, mud, or the urine of an infected animal. It can be transmitted to humans.

Bordetella is associated with respiratory disease (kennel cough). It can be transmitted to cats, rabbits, and humans. It is highly contagious and transmitted through the air and direct contact.

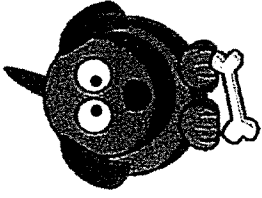
Influenza is one of the viral causes of kennel cough. It is highly contagious through contact with other infected dogs. The fatality rate is low, but most dogs have not been exposed or vaccinated for it.

Age	Date	Weight
7 weeks	7-16	7 lbs
_____ weeks	_____	_____
_____ weeks	_____	_____
_____ weeks	_____	_____
1 year	_____	_____
2 years	_____	_____
3 years	_____	_____
4 years	_____	_____
5 years	_____	_____
6 years	_____	_____
7 years	_____	_____
8 years	_____	_____
9 years	_____	_____
10 years	_____	_____
12 years	_____	_____
13 years	_____	_____
14 years	_____	_____
15 years	_____	_____
16 years	_____	_____
17 years	_____	_____
18 years	_____	_____
19 years	_____	_____
20 years	_____	_____



# Health Record Of

Name:	Annie
Date of Birth:	May 29, 2019
Breed:	
Sex:	Female
Markings:	Red/White
Microchip ID Number:	



# Health Record Of

Name: Pet Wee

Date of Birth: May 29, 2019

Breed: Pit bull

Sex: Male

Markings: Red/black

Microchip ID Number: \_\_\_\_\_

Age	Date	Weight
_____ weeks	_____	_____
_____ weeks	_____	_____
_____ weeks	_____	_____
_____ weeks	_____	_____
1 year	_____	_____
2 years	_____	_____
3 years	_____	_____
4 years	_____	_____
5 years	_____	_____
6 years	_____	_____
7 years	_____	_____
8 years	_____	_____
9 years	_____	_____
10 years	_____	_____
12 years	_____	_____
13 years	_____	_____
14 years	_____	_____
15 years	_____	_____
16 years	_____	_____
17 years	_____	_____
18 years	_____	_____
19 years	_____	_____
20 years	_____	_____

## Immunization

Below are the most important diseases for which vaccines are currently available:

Rabies, one of the world's most publicized and feared diseases, is always fatal. Rabies virus attacks the nervous system, and is transmitted chiefly through the bite of an infected animal.

Distemper is among a very contagious and fatal disease of the respiratory tract, gastrointestinal tract, and nervous system. It is transmitted through contact with bodily and airborne secretions.

Canine adenovirus, type 2 is associated with infectious hepatitis and infectious tracheobronchitis. It is spread through bodily and airborne secretions.

Parainfluenza is a common and highly contagious cause of infectious tracheobronchitis. It is an airborne disease.

Parvovirus is a highly contagious, aggressive, and often fatal gastrointestinal virus. It is transmitted through direct contact with infected animals, feces, and other objects that have traces of the virus.

Lyme disease is transmitted through tick bites. It is difficult to diagnose in dogs because they do not show the same symptoms as humans. The most common sign described is that the dog is "walking on eggshells."

Leptospirosis is an infection that is contracted through skin contact with infected water, soil, mud, or the urine of an infected animal. It can be transmitted to humans.

Bordetella is associated with respiratory disease (kennel cough). It can be transmitted to cats, rabbits, and humans. It is highly contagious and transmitted through the air and direct contact.

Influenza is one of the viral causes of kennel cough. It is highly contagious through contact with other infected dogs. The fatality rate is low, but most dogs have not been exposed or vaccinated for it.

PZL1.

WARNING: DRIVER'S LICENSE AND NON-OPERATORS IDENTIFICATION CARD INFORMATION AND PHOTOS ARE PROTECTED BY THE FEDERAL DRIVERS PRIVACY PROTECTION ACT (DPPA) (18 USC 2721 ET SEQ). BY CONTINUING, YOU AGREE THAT YOU WILL COMPLY AT ALL TIMES WITH THE DPPA, WILL ONLY ACCESS AND USE DL AND ID PHOTOS AND INFORMATION FOR LAW ENFORCEMENT PURPOSES IN THE COURSE OF YOUR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER, AND WILL NOT REDISCLOSE ANY DL OR ID INFORMATION OR PHOTOS UNLESS PERMITTED BY THE DPPA. CONSULT YOUR AGENCY OR AGENCY'S COUNSEL FOR DIRECTION ON PERMITTED REDISCLOSURE AND RECORD KEEPING REQUIREMENTS.

\*\*\*PRIVATE\*\*\*

OLN/305AE7277 SOC/049883626 CO/FAYETTE  
NAM/RINELLA,ROBERT JOSEPH JR  
RES/201 7TH ST SW OELWEIN,IA 50662  
MAIL/201 7TH ST SW OELWEIN,IA 50662  
DOB/1991-10-17 MALE 510 160 EYE/BLUE LEGAL PRES/U  
HEARING DISABLE/NO

PENDING ACT/ CDL STATUS/DIS  
NCDL STATUS/BARRED  
CLASS/0 ENDOR/  
RESTRICTIONS/  
ISS/2019-11-04 EXP/2027-11-04 AUDIT/4302017

STORED OLN/STORED OLN/ CLASS C; ; ; ISS: 09-09-2017; EXP: 10-17-2020 A: 2135084

DATE	TYP	DATE/FILE	JUR	EXPLANATION
2019-11-21	BAR	2021-11-19	IA	HABITUAL OFFENDER
2019-08-31	CON	2019-10-17	IA	DRIVING WHILE SUSPENDED, DENIED, CANCELLED, RE
2019-07-19	SUS		IA	NON-PAYMENT OF IOWA FINE
2019-07-08	SUS		IA	NON-PAYMENT OF IOWA FINE
2019-01-08	CON	2019-03-01	IA	DRIVING WHILE SUSPENDED, DENIED, CANCELLED, RE
2018-11-17	CON	2019-03-19	IA	DRIVING WHILE SUSPENDED, DENIED, CANCELLED, RE
2018-10-23	SUS	2019-06-02	IA	NON-PAYMENT OF CHILD SUPPORT
2017-11-06	CON	2017-12-26	IA	IMPROPER REGISTRATION
2017-02-24	SUS	2017-04-03	IA	NON-PAYMENT OF IOWA FINE
2017-02-24	SUS	2017-04-03	IA	NON-PAYMENT OF IOWA FINE
2016-11-04	ACC	949646	IA	
2016-10-04	CON	2016-11-20	IA	SPEED (10 MPH & UNDER IN 35-55 MPH ZONE)
2016-05-12	CON	2016-06-17	IA	SPEED
2016-02-19	CON	2016-03-16	IA	SPEED

REQUIREMENTS TO BE SATISFIED:  
EARLIEST REINSTATEMENT: 11-20-2021  
INDEFINITE WITHDRAWALS ON FILE: YES  
CIVIL PENALTY: \$200.00  
NUMBER OF WITHDRAWALS IN EFFECT: 3  
\*\*\*\*\* END OF RECORD\*\*\*\*\*

;202007021607/202007021607  
PZL1 157  
MESSAGE FROM DLR

190353

PZL1.

WARNING: DRIVER'S LICENSE AND NON-OPERATORS IDENTIFICATION CARD INFORMATION AND PHOTOS ARE PROTECTED BY THE FEDERAL DRIVERS PRIVACY PROTECTION ACT (DPPA) (18 USC 2721 ET SEQ). BY CONTINUING, YOU AGREE THAT YOU WILL COMPLY AT ALL TIMES WITH THE DPPA, WILL ONLY ACCESS AND USE DL AND ID PHOTOS AND INFORMATION FOR LAW ENFORCEMENT PURPOSES IN THE COURSE OF YOUR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER, AND WILL NOT REDISCLOSE ANY DL OR ID INFORMATION OR PHOTOS UNLESS PERMITTED BY THE DPPA. CONSULT YOUR AGENCY OR AGENCY'S COUNSEL FOR DIRECTION ON PERMITTED REDISCLOSURE AND RECORD KEEPING REQUIREMENTS.

\*\*\*PRIVATE\*\*\*

OLN/758YY9252 SOC/478887159 CO/FAYETTE  
NAM/MEYER,TROY TRUMAN  
RES/201 7TH ST SW OELWEIN,IA 50662  
MAIL/201 7TH ST SW OELWEIN,IA 50662  
DOB/1975-02-02 WHITE MALE 600 160 EYE/HAZEL LEGAL PRES/U  
HEARING DISABLE/NO

PENDING ACT/ CDL STATUS/  
NCDL STATUS/VALID  
CLASS/C ENDOR/  
RESTRICTIONS/  
ISS/2017-02-07 EXP/2022-02-02 AUDIT/1595338

PREV DL/IA 478887159 PREV SOC/  
PREV DL/OK 999150437 PREV SOC/

REQUIREMENTS TO BE SATISFIED:  
ELIGIBLE TO APPLY: YES  
\*\*\*\*\* END OF RECORD\*\*\*\*\*

;202007021606/202007021606  
PZL1 144  
MESSAGE FROM DLR  
189974



PZL1.

WARNING: DRIVER'S LICENSE AND NON-OPERATORS IDENTIFICATION CARD INFORMATION AND PHOTOS ARE PROTECTED BY THE FEDERAL DRIVERS PRIVACY PROTECTION ACT (DPPA) (18 USC 2721 ET SEQ). BY CONTINUING, YOU AGREE THAT YOU WILL COMPLY AT ALL TIMES WITH THE DPPA, WILL ONLY ACCESS AND USE DL AND ID PHOTOS AND INFORMATION FOR LAW ENFORCEMENT PURPOSES IN THE COURSE OF YOUR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER, AND WILL NOT REDISCLOSE ANY DL OR ID INFORMATION OR PHOTOS UNLESS PERMITTED BY THE DPPA. CONSULT YOUR AGENCY OR AGENCY'S COUNSEL FOR DIRECTION ON PERMITTED REDISCLOSURE AND RECORD KEEPING REQUIREMENTS.

\*\*\*PRIVATE\*\*\*

OLN/069BB5339 SOC/239259933 CO/FAYETTE  
NAM/GLOEDE,DONNA ELAINE  
RES/622 2ND AVE SW OELWEIN,IA 50662  
MAIL/622 2ND AVE SW OELWEIN,IA 50662  
DOB/1963-11-16 WHITE FEMALE 503 146 EYE/BLUE LEGAL PRES/U  
HEARING DISABLE/NO

PENDING ACT/ CDL STATUS/  
NCDL STATUS/VALID  
CLASS/C ENDOR/  
RESTRICTIONS/  
ISS/2017-11-28 EXP/2025-11-16 AUDIT/2344067

PREV DL/IA 239259933 PREV SOC/

REQUIREMENTS TO BE SATISFIED:  
ELIGIBLE TO APPLY: YES  
\*\*\*\*\* END OF RECORD\*\*\*\*\*

;202007021607/202007021607  
PZL1 150  
MESSAGE FROM DLR  
190169