

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
www.columbusga.gov

April 27, 2021

ADDENDUM NO. 2

Animal Care and Control Services (Annual Contract)
RFP No. 21-0034

Proposals should include acknowledgement of receipt for all Addenda.

Initials: _____ Company Name: _____

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

QUESTIONS/RESPONSES

- Question 1: Within RFP No 21-0034, it is noted that the salary of the Interim Director is not included. Is this salary paid by another department within the city? If not, please provide current salary and benefits for insurance purposes and proper budgeting.
- Response: **The position is not identified as Interim Director and is not paid by another department within Columbus Consolidated Government. The position (and corresponding payroll information) is identified as the Interim "Division Manager (Vacant Position)" on page 2 of Addendum No. 1.**
- Question 2: Who is on the evaluation committee? Will the committee include individuals experienced with shelter operations and veterinary medicine such as Dr. Hank Hall? When do you anticipate making the final decision?
- Response: **The Purchasing Division does not disclose the identities of members of the Evaluation Committee during an ongoing Request for Proposals (RFP) process. It typically takes approximately 6 - 8 weeks for an Evaluation Committee to complete its work. The Evaluation Committee's recommendation then must be presented to Columbus Council for approval, which may take an additional two (2) weeks.**
- Question 3: Please provide the total number of inmates who currently work for CACC. Please provide the number of hours weekly/monthly as well as their current job description.
- Response: **Currently, there are two (2) inmates who each work 30-40 hours per week. The inmates' duties are to clean and disinfect all dog runs as often as needed to ensure cleanliness of all dog runs; clean all facility restrooms; empty the trash for all offices to**

include the breakroom; mop all floors; dust counter; wash windows; and all other duties as required by the Shelter Supervisor.

Note: Inmates will not be allowed to work under the contract resulting from this RFP.

Question 4: Please provide current expenses for subcontractor services, section F, [item] 7.

Response: The current part-time veterinarian is required to come to the Animal Care and Control facility three (3) times per week. Upon receipt of monthly invoices, the veterinarian is paid \$125.00 per hour. Refer to Attachment A for sample copies of a Veterinary Service Sheet and invoice. Refer to the response to Question 5 for additional information.

Question 5: Please provide budget and current expenses for all inventory listed under section F, [item] 10.

Response: Refer to Attachment B for a listing of current medical supplies. A budget line-item does not exist for medical supplies. The current budget includes \$36,000 for the Veterinary Services, which pays for the medical supplies as well as the parttime veterinarian.

Question 6: Please provide current operating procedures, forms regarding the required records and reports which must be kept – specifically found in RFP Section III Requirements, paragraph M, #2, 3, 4, 5, 6, 7, 15, 20, 21, and 22.

Response:

- **Written dispatch logs:**
Refer to Attachment C, which is a sample copy of a Dispatch Log from the database of Columbus Consolidated Government.
- **Investigation reports:**
Refer to Attachment D, which includes a sample copy of the form that is used as an Incident Report, Dangerous Animal Investigation, and Animal to Animal Exposure.
- **Animal bite cases:**
Refer to Attachment E, which includes a sample copy of a Bite Report from the database of Columbus Consolidated Government and a sample letter from Columbus Consolidated Government.
- **Dangerous dog reports:**
Refer to Attachment D for a copy of the form for Incident Report, Dangerous Animal Investigation, and Animal to Animal Exposure.
- **Rabies calls and cases:**
Refer to Attachment F, which includes a copy of the Animal to Human Exposure Report, a Warning Code Violation form, and a summons to appear in Recorders Court.
- **Cruelty investigations:**
Refer to Attachment G, which includes a sample copy of a Dispatch Log used to document the report of animal cruelty. The 2-page sample Dispatch Log includes comments and a description of action taken. The form is from the database of Columbus Consolidated Government and a sample letter from Columbus Consolidated Government.

- **Unpaid citations and collection documentation:**
Recorders Court handles these issues and documents.
- **Notices of violations written, issued, outstanding and closed:**
Refer to Attachment F, which includes a copy of the Animal to Human Exposure Report, a Warning Code Violation form, and a summons to appear in Recorders Court.
- **Hearings/court decisions/records:**
The hearing dates are listed on the citations. Recorders Court handles the records related to the hearings and decisions.
- **Complaints:**
Refer to the sample Dispatch Log (Attachment C).

Andrea J. McCorvey,
Purchasing Division Manager



ATTACHMENT A

Veterinary Service Sheet

Date	Time In	Time Out	Service Provided	Veterinarian	Verified By
3-1-21	9:45		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-3-21	11:15		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3/5/21	9:45		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-7-21	8:25		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3/10/21	3:28		Vaccines + Paperwork	Lenny J. Hall DVM	L. White
3-12-21	2pm		VACCINES & TRIAGE	Lenny J. Hall DVM	L. White
3-15-21	5:00 PM		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-17-21	10:45		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-19-21	10:15		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-22-21	9:20		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-24-21	9:20		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-26-21	10:15		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3-29-21	10:45		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White
3/31/21	11:50		VACCINES & PAPERWORK	Lenny J. Hall DVM	L. White

INVOICE 032021

Dr. Henry Hall
Veterinarian Services
161 Four Lot Rd
Hamilton GA 31811
sandy31811@gmail.com
(706) 577-6561

BILL TO:
Columbus Consolidated
Government
Finance Department
P.O. Box 1340
Columbus, GA 31901

Date	Description	Rate
3/1/2021	Veterinarian Visit	\$125.00
3/3/2021	Veterinarian Visit	\$125.00
3/5/2021	Veterinarian Visit	\$125.00
3/7/2021	Veterinarian Visit	\$125.00
3/10/2021	Veterinarian Visit	\$125.00
3/12/2021	Veterinarian Visit	\$125.00
3/15/2021	Veterinarian Visit	\$125.00
3/17/2021	Veterinarian Visit	\$125.00
3/19/2021	Veterinarian Visit	\$125.00
3/22/2021	Veterinarian Visit	\$125.00
3/24/2021	Veterinarian Visit	\$125.00
3/26/2021	Veterinarian Visit	\$125.00
3/29/2021	Veterinarian Visit	\$125.00
3/31/2021	Veterinarian Visit	\$125.00
Total		\$1750.00

x 

ATTACHMENT B

CURRENT MEDICAL SUPPLIES

1. 2 boxes – 5ml syringes
2. 1 box – 10ml syringes
3. 13 boxes – 3ml syringes w/needle
4. 9 boxes – 18g x1
5. 6 boxes – 25g x 5/8
6. 4 boxes – 20g x 1 ½
7. 9 boxes 20g x 1
8. 2 bottles dexamethasone 100 ml
9. 1 bottle meloxicam 7.0 mg
10. 1 bottle carprofen 100mg
11. 1 bottle ketalog 50mg
12. 4 bottles euthasol 100 ml
13. 4 bottles xylazine 100 ml
14. 15 bottles ketamine 10 ml
15. 1 bottle cephalixin 500 mg
16. 2 bottles chlorpheniramine maleate tablets 4mg
17. 2 bottles fatal plus powder 250 ml
18. 2 bottles penicillin 250 ml
19. 2 bottles pencicillin 100 ml
20. 7 boxes rabies vaccine – 50 ct
21. 8 boxes Bordetella vaccine - 25 ct
22. 5 boxes da2pp + lepto vaccine 25 ct
23. 15 boxes fvrp vaccine 25 ct
24. 7 boxes da2pp vaccines 25 ct
25. 2 bottles doxycycline hyclate 100 mg
26. 1 bottle amoxicillin 250 mg capsules
27. 1 bottle amoxicillin 500 mg capsules
28. 18 boxes nexgard flea & tick 24 – 60 lb
29. 1 box revolution cat flea & tick 15 – 22 lb
30. 10 boxes propecta flea & tick 50 – 110 lb
31. 5 boxes microscope slides
32. 4 boxes microscope slide covers
33. 2 bottles of fecal flotation device
34. Microscope
35. Large dog scale

Dispatch Log

Time Recorded	07:16 AM	Time Dispatched	07:18 AM	Time Arrived	
Unit Status	10-97 / 8:35:00 AM 10-8 / 8:40:00 AM				

Entered by	Alquan Mendenhall
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Log ID	AMEL-C2EF8V				
Date	04/25/2021				
Code	Code 1 - Animal in Trap			Type Call	Raccoon
Desc				North/South	1777

Followup	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Date			

House #	00000	Dir		Street Name	John Smith	Ln
House 2	00000	Dir		2nd Street Name		
Additional Info						

Apt Type			
Cross Street	&		

Submitted by			
First Name	Last	MI	Title
Area Code + Phone		706	

First Name	Last	MI	Title
Lisa	Doe		
Area Code + Phone		706324-0000	

Supervisor Unit	
Officer Name	

Comments	
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Action	Impoundment
Animal Type	Raccoon
Total	1

ATTACHMENT D

INCIDENT REPORT () DANGEROUS ANIMAL INVESTIGATION () ANIMAL TO ANIMAL EXPOSURE ()

DATE: _____ TIME: _____ OFFICER : _____ UNIT #: _____

PLAINTIFF OR VICTIM INFORMATION

NAME: _____

ADDRESS: _____ Zip: _____

HOME PHONE: _____ CELL PHONE: _____

PLAINTIFF OR VICTIM WANTS TO FILE CHARGES () YES () NO

PLAINTIFF ANIMAL INFORMATION

NAME: _____ BREED: _____ COLOR: _____ SEX: _____

RABIES #: _____ CITY PERMIT#: _____ DATE EXPIRE : _____

PLAINTIFF OR WITNESS STATEMENT: NAME: _____ PHONE: _____

DEFENDANT INFORMATION

NAME: _____

ADDRESS: _____ Zip: _____

HOME PHONE: _____ CELL PHONE : _____

DEFENDANT ANIMAL INFORMATION

NAME: _____ BREED: _____ COLOR: _____ SEX: _____

RABIES #: _____ CITY PERMIT #: _____ DATE EXPIRE : _____

DEFENDANT OR WITNESS STATEMENT: NAME: _____ PHONE _____

CONTINUED ON BACK SIDE

COLUMBUS POLICE OFFICER: NAME: _____ PHONE: _____

COMMENTS: _____

ACTION TAKEN BY INITIATING OFFICER OR FOLLOW-UP OFFICER: _____ UNIT: _____

RECOMMENDED CLASSIFICATION DANGEROUS () VICIOUS ()

COMMENTS: _____

Signature: _____

Bite Report

Officer

Disposition	Returned to owner	Quarantined at ACC	<input checked="" type="radio"/> No <input type="radio"/> Yes
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Date of Entry	01/24/2013	Collar	
Breed	American Bull Dog	Color	BROWN
Mixed	<input type="radio"/> Yes <input checked="" type="radio"/> No	Guard Dog	<input type="radio"/> Yes <input checked="" type="radio"/> No
Euth Date		Bite?	<input checked="" type="radio"/> Animal to Human <input type="radio"/> Animal to Animal
Prev Bite	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Pet Name	Bobo
Comment	

Owner First Name	John	Owner Last Name	Doe	M	Title	
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House #	12345	Dir		Street Name	Any	Rd
---------	-------	-----	--	-------------	-----	----

Apt Type		Apt No	
City	Columbus	State	GA
Zip		Date of Death	
Home Phone	706	Relocation Date	
Work Phone	706	Cell Phone	706

Officer	Allen - 70
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Officer 1 Comments	Officer Allen stated the dog was very aggressive when he got on the scene with C.P.D. he stated they had the dog in the police car and he had a hard time getting him out.
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Officer 2	
Officer 2 Comments	


Officer 3	
Officer 3 Comments	

Victim First Name	Lisa	Last Name	Doe	MI		Title	
-------------------	------	-----------	-----	----	--	-------	--

House #	55555	Dir		Street Name	Anywhere	Rd	
---------	-------	-----	--	-------------	----------	----	--

Apt Type		Apt No	
City	Columbus	State	GA
Zip			
Home Phone	706	Cell Phone	706
Work Phone	706		

Statement Date	01/24/2013
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Victim Statement	
Animal to Human Exposure	 GSTT-97RRHR.doc My family and I was running my son was running out in front of my wife and I the man across the s his dog on a leash and got loose the dog jumped on my youngest son and attached him wouldnt g pulled him off.

Field Supervisor

Classified	<input type="radio"/> No <input checked="" type="radio"/> Yes
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Dangerous / Vicious Animal Investigation	Officer stated that the dog was very aggressive, that it took part of the victim ear off.
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Shelter Supervisor






Supervisor	Stewart - 77
Comments	During my investigation I observed the dog (Bo Bo) to be very aggressive toward people when they would approach the run you could not get close to him while he was at the animal control center, and when Mr. Martin came to pick him up he had a hard time controlling him the dog almost pull him down dragging him to the car. One more thing to add is the child (Jacob) is going to have to have several surgeries on his left ear to get it back to normal.
Assessment of Animal at ACC	In my early statement this dog is very aggressive he showed no fear toward anyone, you could not get close to the run before he would start biting the gate.
Classification Justification	

Admin Supervisor

Email History

Admin Supervisor Comments

Other Attachment

 Elbert Martin Reminder Renewal 2015.pdf
  Renewal 2014 Elbert Martin Dangerous Dog.txt.pdf
 elbert martin pictures.pdf
  20131203120514774.pdf
  ACAB Minutes Feb 26, 13.doc

Veterinarian

Attach Veterinarian Documents

Veterinarian Comments

Veterinarian Attachment



Columbus, Georgia

Georgia's First Consolidated Government
P. O. Box 1340 Columbus, Georgia 31902-1340

Department of Public Services
Special Enforcement Division

Telephone (706) 653-4512
FAX (706) 225-4974

Date

Dog Owner Name

Address

City, GA

Dear Dog Owner:

This is to notify you that your dog, TYPE, SEX named NAME has been classified as **“Dangerous”** as defined Under Georgia State Law, O.C.G.A. 4-8-27. This determination is based on the investigation of a biting incident that occurred on **DATE**, . Following interviews with you, the victim, and witnesses (if any), the Animal Control Supervisor has concluded the bite was unprovoked.

If you disagree with this classification, you may request a hearing within **fifteen (15) days** of the date of this letter. Members of the Animal Control Advisory Board will conduct the hearing. If a hearing is not requested, the classification of your animal, as “Dangerous” will become effective immediately. At this time, you will be requested to comply with this Georgia State Law, specifically, Section 54-8-27 (a) through (g) (copy enclosed). You should also be familiar with the further responsibilities of owning a classified dog set for the in O.C.G.A. Sections 4-8-28 and 4-8-29.

Under this classification the following requirements will have to be met in order to have your animal remain with you. Under Georgia State Law, O.C.G.A 4-8-27 it states:

- (a) It shall be unlawful for an owner to have or possess within this state a classified dog without a certificate of registrations issued in accordance with the provisions of this Code Section. Certificates of registration shall be non-transferable and shall only be issued to a person 18 years of age or older. No more than one certificate registration shall be issued per domicile.
- (b) Unless otherwise specified by this code section, a certificate of registration for a dangerous dog shall be issued if the dog control officer determines that the following requires have been met:
 - (1) The owner has maintained an enclosure designed to securely confine the dangerous dog on the owner’s property, indoors, or in a securely locked and enclosed pen, fence, or structure suitable to prevent the dangerous dog from leaving such property; and
 - (2) Clearly visible warning signs have been posted at all entrances to the premises where the dog resides.

- (3) A **microchip** containing an identification number and capable of being scanned has been injected under the skin between the shoulder blades of the dog; and
- (4) The owner maintains and can provide proof of general or specific liability insurance in the amount of at least **\$50,000.00** issued by an insurer authorized to transact business in this state insuring the owner of the dangerous dog against liability for any bodily injury or property damage caused by the dog.

The enclosed Hearing Request Form must be completed and mailed by Certified Mail, or hand-delivered, to Animal Control Division, 4910 Milgen Rd. Columbus, Ga. 31907. A hearing will be scheduled within **thirty (30) days** of the receipt of your request; and you will be notified of the date, time, and place at least **ten (10) days prior**.

Should you have any questions regarding this classification, please contact this office. Please call this office if you require assistance or have any questions.

Respectfully,

Interim Division Manager
Department of Public Works
Animal Care & Control Division

C: Animal Control Advisory Board Members
Director of Public Works
Deputy Director of Public Works

HAND DELIVERED or
CERTIFIED MAIL

X _____
Signature/Date

	<i>Classified Animal Check List</i>		<i>Administrative List</i>
<input type="checkbox"/>	<i>Activity Reports</i>	<input type="checkbox"/>	<i>Classification Letter</i>
<input type="checkbox"/>	<i>Bite Reports/Incident Reports (Signed)</i>	<input type="checkbox"/>	<i>Hearing Request</i>
<input type="checkbox"/>	<i>Impoundment Cards</i>	<input type="checkbox"/>	<i>Hearing Notification</i>
<input type="checkbox"/>	<i>Pictures</i>	<input type="checkbox"/>	<i>Certified Mail Receipts</i>
<input type="checkbox"/>	<ul style="list-style-type: none"> • <i>Dog/Cat</i> • <i>Victims</i> • <i>Injuries</i> • <i>Property</i> 		
<input type="checkbox"/>	<i>Police Reports</i>	<input type="checkbox"/>	<i>Shelter Supervisor Assessment</i>
<input type="checkbox"/>	<i>Statements/Assessments</i>		
<input type="checkbox"/>	<ul style="list-style-type: none"> • <i>Victims</i> • <i>ACC Supervisor</i> • <i>Shelter Supervisor</i> • <i>ACC Officers</i> 		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

COLUMBUS ENVIRONMENTAL HEALTH
A Division of the Columbus Department of Public Health
Serving the Residents of Columbus, Talbot, Chattahoochee, and Marion County
ANIMAL TO HUMAN EXPOSURE REPORT

Date of Report: _____ Time: _____ ACO #: _____ Name: _____ Recorded Form: _____

**V
I
C
T
I
M**
Name: _____ DOB: ____/____/____ Sex: _____
Parents/Guardian (if minor): _____ Race: _____ Ethnicity: _____
Address: _____ Apt. _____ City/State: _____ Zip: _____
Home: _____ Work: _____ Ext: _____ Cell: _____

**O
W
N
E
R**
Name: _____
Address: _____ Apt. _____ City/State: _____ Zip: _____
Home: _____ Work: _____ Ext: _____ Cell: _____

**E
X
P
O
S
U
R
E**
Date of Exposure: ____/____/____ Address Where Exposed: _____
Type of Exposure: ____ Bite ____ Scratch ____ Puncture ____ Severe Part of Body Exposed: _____
Time of Bite: _____ Victim was treated at: _____ Sutures required: _____

STATEMENT

How did bite occur? _____

I hereby affirm that the animal listed on this report did bite/scratch me and break the skin. I also hereby affirm that all information given is true and correct to the best of my knowledge.

Signature _____

Date _____

____ Dog ____ Cat ____ Other Breed: _____ Male _____ Female _____

____ Pet ____ Stray ____ Wild Age of animal: _____ Description: _____ Name: _____

Vaccinated: ____ Yes ____ No Expiration Date: ____/____/____

Rabies tag number: _____ City Permit Number: _____ Veterinarian: _____

Is animal known to have bitten others? ____ Yes ____ No (____ Provoked ____ Unprovoked)

Victim wishes to press charges at this time: ____ Yes ____ No Signature: _____

Court Date: _____ Charges: _____

Quarantine begins: ____/____/____ Quarantine ends: ____/____/____ Date Animal Quarantined: ____/____/____

Quarantine at: ____ Acc (Tag # _____) ____ Home ____ Vet (Name _____)

Classified: ____ Yes ____ No Supervisor Initials _____

**A
N
I
M
A
L**

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA
DEPARTMENT OF SPECIAL ENFORCEMENT

WARNING CODE VIOLATION

TO: _____
Last First Middle

Business Name _____

Address: _____
Street Address

City State Zip

**FAILURE TO COMPLY WITH
THIS WARNING WITHIN _____
DAYS COULD RESULT IN A
SUMMONS TO COURT.**

Code Section Violation

Code Section Violation

Recommendation: _____

By: Officer _____
Signature

Date: _____

Time: _____

NOTE:
Please call 653-4512 for information or
assistance.

DEPARTMENT OF PUBLIC WORKS
SPECIAL ENFORCEMENT DIVISION

Departamento de Obras Públicas
División Especial de Orden Público
706-653-4512

FOLLOWING SUMMONS ISSUED
Se emite la siguiente citación

TO:

A _____
LAST FIRST MIDDLE
Apellido Primer Nombre Segundo Nombre

SOCIAL SECURITY NO. _____
Núm. de Seguro Social

OCCUPATION _____
Ocupación

SEX _____ DOB _____
Sexo Fecha De Nacimiento

ADDRESS _____
Dirección STREET ADDRESS
Domicilio

CITY STATE ZIP
Ciudad Estado Código Postal

TELEPHONE _____
Núm. Telefónico

YOU ARE HEREBY COMMANDED TO APPEAR IN RECORDERS COURT AT, 702 10TH
STREET, COLUMBUS, GA, ON THE _____ DAY OF _____, 20____ AT (TIME)
_____ of AM/PM TO ANSWER CHARGES OF VIOLATION OF COLUMBUS CODE
ORDINANCES, SECTIONS AS INDICATED BELOW:

Por este medio se le ordena comparecer ante of secretario del juzgado municipal
ubicado en 702 10TH Street, Columbus, Georgia, el _____ de _____ del 20____ a
las (hora) _____ de la mañana/tarde, para responder a las acusaciones de violación
de secciones de las ordenanzas municipales de Columbus que se indican a
continuación:

CODE SECTION Sección del Código	VIOLATION Violación
CODE SECTION Sección del Código	VIOLATION Violación
CODE SECTION Sección del Código	VIOLATION Violación

BY: OFFICER _____
Por: Oficial SIGNATURE
Firma

DATE _____
Fecha

TITLE AND DEPT. _____
Título y Departamento

SSN _____
Núm. de Seguro Social

NOTICE

THE COURT WILL ISSUE A WARRANT FOR THE ARREST OF ANY DEFENDANT WHO IS A
RESIDENT OF THIS STATE AND WHO HAS FAILED TO APPEAR TO ANSWER A
SUMMONS DULY SERVED UPON HIM AND UPON WHICH A COMPLAINT HAS BEEN FILED.

ADVERTENCIA

EI JUZGADO EMITIRÁ UNA ORDEN DE ARRESTO CONTRA CUALQUIER ACUSADO QUE
RESIDA EN ESTE ESTADO Y QUE NO COMPAREZCA PARE RESPONDER A UNA CITACIÓN
DEBIDAMENTE NOTIFICADA Y EN LA CUAL SE LE FORMULE UNA DEMANDA.

Dispatch Log

Time Recorded	06:10 PM	Time Dispatched		Time Arrived	
Unit Status	10-97 / 6:29:00 PM 10-8 / 6:52:00 PM				

Entered by	Jasmine Velazquez
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Log ID	JVEZ-BZZTZV		
Date	04/12/2021		
Code	Check 5-12 - Cruelty	Type Call	
Desc		North/ South	1776

Followup	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date	

House #	12354	Dir		Street Name	Any	Ave
House 2	00000	Dir	E	2nd Street Name		
Additional Info						

Apt Type	
Cross Street	&

Submitted by			
First Name	Last	MI	Title
Area Code + Phone		706	

First Name	Last	MI	Title
Area Code + Phone		706	

Supervisor Unit	
Officer Name	Velazquez- 76

Comments	<p>Upon arrival observed one dog in kennel on side of property, no food/water and no proper shelter. No answer at door. Left door hanger advising neglect, no food/water, no shelter, improper tethering.</p> <p>Had Ofc. Tackett 9010 with me- unable to open kennel door without dog lunging. While on scene dog owners neighbor came over and told us that the owner was at work and we couldnt take their dog. I advised the dog cannot stay in the kennel and he stated that his kids are the ones who put princess in the kennel because she got off her tether. There was no tethering system in the yard where the dog lives and according to the witness the dog has been in the kennel for multiple days. Impounded dog "Princess" for her wellbeing as she was in a wire crate with no protection from the elements and had no food or water available.</p>
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Action	Impoundment
Animal Type	Dog
Total	1