



COUNTY OF KENOSHA COUNTY CLERK

Regi Waligora

GL-01-23



1010 - 56th Street
Kenosha WI 53140
(262) 653-2552
Fax: (262) 653-2564

CLAIM AGAINST KENOSHA COUNTY

FULL NAME Christy Hoff DATE 1/4/23

ADDRESS 5127-22nd St
Kenosha, WI 53144

TELEPHONE NUMBER: Home: 262-657-3229
Work: Cell 262-705-1583

DATE & TIME OF ACCIDENT OR LOSS 10/27/2022 5:30 pm

LOCATION OF ACCIDENT 47th Ave & 18th St Southwest corner of intersection

DESCRIPTION OF ACCIDENT OR LOSS While out walking my dog, he jumped off the grass onto the sewer grate. His left rear leg went down into the grate and he was frightened and pulled it out. This resulted in a cut/laceration that required medical attention (internal and external sutures) and follow up.

See images of grate (with dog hair still present) attached.

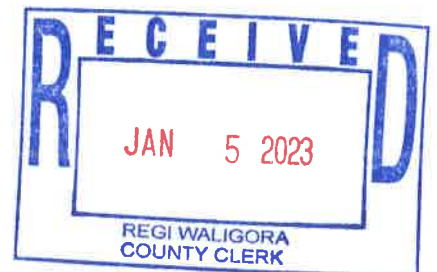
WITNESS: Name
Address
Phone

AMOUNT OF CLAIM (damages) \$ 765.50

CLAIMANT'S SIGNATURE Christy A. Hoff

Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK
1010 - 56TH STREET
KENOSHA WI 53140





WVRC

RACINE/KENOSHA

262-553-9223

<https://wvrcracine.ethosvet.com>
1123 58th Avenue, Somers, WI 53144



Closed at:
10/27/2022 9:06 PM

Invoice

Invoice #
455647

Visit #	Admit Time	Client	Patient
r-529491	10/27/22 6:07 PM	Christy Hoff	Brice 3y 0m CM 63.1 lb/28.6 kg AustCattle (C)
Attending DVM	Phone	RDVM	
Dr. Cecile Resop	Home: (262) 657-3229	Fulmer-Vogel, DVM, Amy Northside Animal Hospital (WI)	

BILLING ITEMS:

# DVM	Date	Description	Qty	Line Total
WVRC	10/27/22	Cephalexin 500MG Capsule	1	\$0.00
WVRC	10/27/22	Dexmedetomidine Inject	.28	\$38.00
WVRC	10/27/22	Butorphanol Inj 10 mg/ml	1.2	\$43.00
Resop, C	10/27/22	Emergency Dept Visit/Consultation	1	\$155.00
Resop, C	10/27/22	Sedation Minor	1	\$40.00
Resop, C	10/27/22	Reverse sedation	1	\$59.00
Resop, C	10/27/22	Wound prep or treatment	1	\$50.00
Resop, C	10/27/22	Surgical Time - Level 1	20	\$170.00
Resop, C	10/27/22	Cold Sterile Pack	1	\$26.00
Resop, C	10/27/22	Generic Suture per Pack	1	\$23.00
Resop, C	10/27/22	Sterile Supplies	1	\$18.00
Resop, C	10/27/22	Elizabethan Collar 25 inch	1	\$22.00
Resop, C	10/27/22	Rx # 508484-0 / Gabapentin 300mg Capsule	30	\$25.00
Resop, C	10/27/22	Rx # 508489-0 / Carprofen 100mg Chewable	5	\$28.00
Resop, C	10/27/22	Rx # 508490-0 / Cephalexin 500mg capsules	30	\$28.00

PAYMENTS:

Date	Method	Reference	Payment Amount
10/27/2022	MasterCard	5922	\$725.00

Subtotal	\$725.00
Invoice Total	\$725.00
Amount Paid	\$725.00
Balance Due	\$0.00

Thank you for letting us help you with your pet.

Printed on: 10/27/22 at 9:06 PM

*MRN1

Page 1

CLIENT RECEIPT

Northside Animal Hospital
3021 Washington Road
Kenosha, WI 53144

(262) 658-0910

FAX: (262) 657-6062

www.northsideanimalhospitalsc.com

NOV 8th
2:15 pm

Account #232

Page 1

11/3/2022

Chris Hoff
5127 22nd St.
Kenosha, WI 53144

Balance forward: 50.00

Date	Operator	Doctor	Qty	Description	Amount
Brice (#19419)			Chip #:	985141001149782	
Species: Canine			Color:	WHITE/BL	
Breed: Aust. Shep. Mix			Weight:	62.1	
Sex: Male Neutered			Age:	3 years 5 months 19 days	
11/03/22	Dr. Fulmer-Vogel	Dr. Fulmer-Vogel	1.00	Exam, ER Recheck	\$45.00
				Discounts	(\$4.50)
				Credit Card Payment	(\$40.50)

Sub-Total: \$40.50
Tax: 50.00
Total: \$40.50

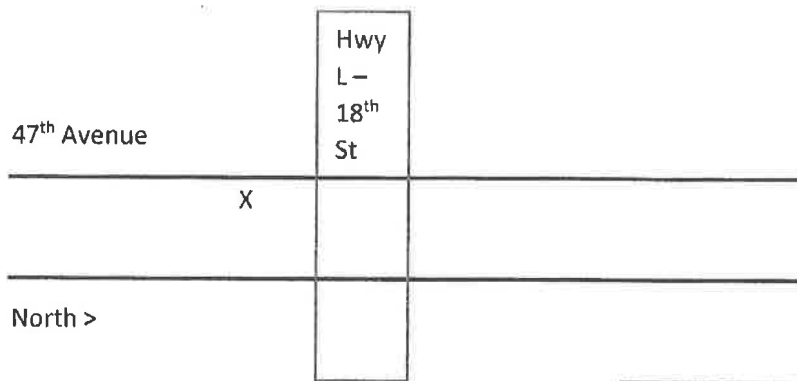
Payments: (\$40.50)

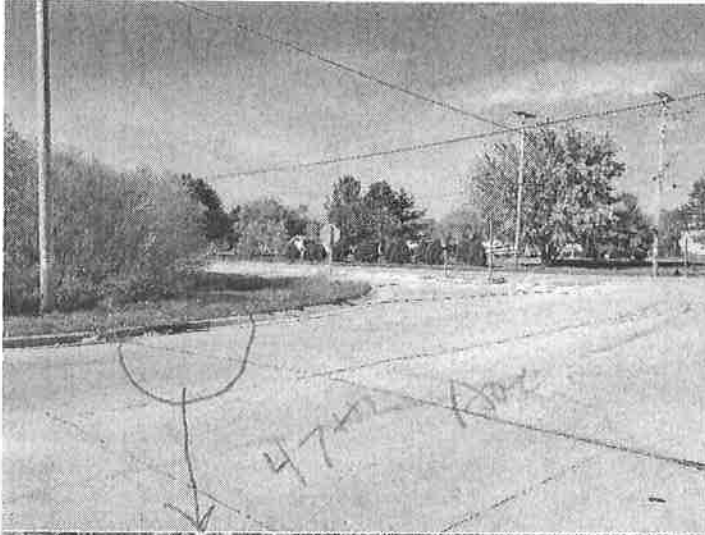
Ending balance: 50.00

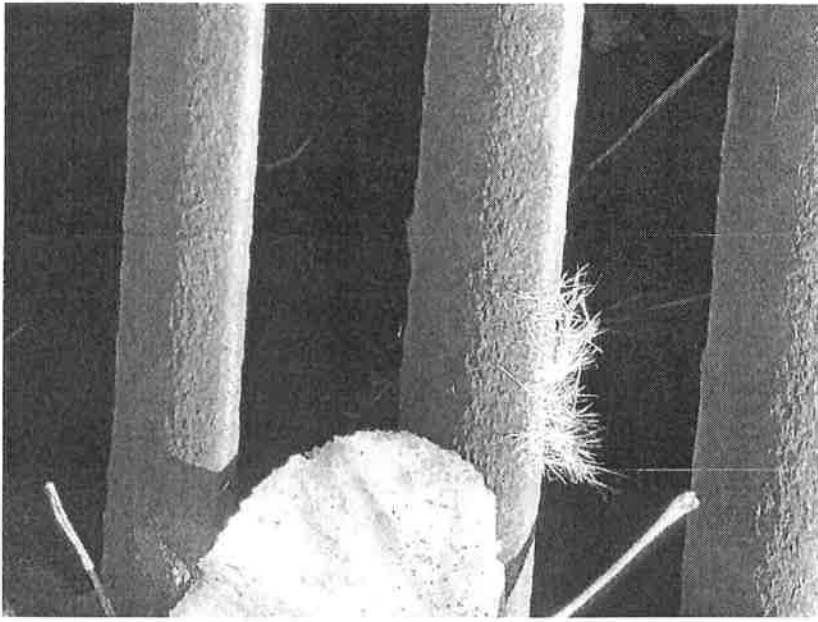
OUTSTANDING PROCEDURES

Patient	Code	Description	Date Due
Brice	1279	Heartworm Antigen & Tick Panel	4/10/2023
	250	Wellness Exam	4/10/2023
	210	DHPP Booster (Adult 3yr)	8/31/2023
	269	Rabies Booster	10/1/2023
Cass	1279	Heartworm Antigen & Tick Panel	4/10/2023
	250	Wellness Exam	4/10/2023
	302	Bordetella Booster (oral)	5/10/2023
	212	Lepto Vaccination	5/10/2023
	210	DHPP Booster (Adult 3yr)	3/22/2024
	269	Rabies Booster	3/22/2024

THANK YOU







Fuzz in picture
is Brice's hair.
The slats on these
grates are set up
like a knife edge.

VILLAGE & TOWN OF SOMERS - DOG LICENSE

4/8/2022

Subject to Wisconsin Statute Chapter 174

TREASURER, Treasurer
STATE OF WISCONSIN KENOSHA COUNTY

HOFF, CHRISTY
5127 22ND ST
KENOSHA, WI 53144

DOG NAME:	BRICE	CHECK NUMBER:	1	VETERINARIAN:	NORTH SHORE ANIMAL HOSPITAL
BREED:	AUST SHEP MIX	LICENSE FEE PAID:	\$10.00	RABIES VACCINATION:	11/4/2020
SEX TYPE:	NEUTERED MALE	LATE FEE:	\$0.00	RABIES VACCINATION EXPIRES:	11/1/2023
COLOR:	WHITE BLACK	TOTAL PAID:	\$10.00	VACCINATION MFF SERIAL (TAG# 0527)	
TAG #:	2875			VACCINATION SN	18442
LICENSE DATE:	4/8/2022				
LICENSE EXPIRATION:	12/31/2022				