

IN THE MUNICIPAL COURT OF APPEALS
OF THE CITY OF EL PASO, TEXAS

PATRICIA HERNANDEZ

Appellant,

v.

STATE OF TEXAS

Appellee.

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No. 15-MCA-3831

Ticket No. 33456879.2

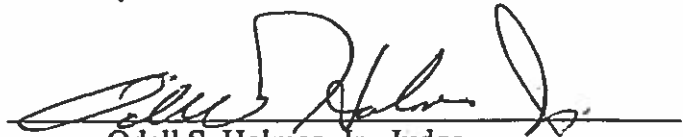
OPINION

Appellant appeals her conviction in Municipal Court for not having an animal which was alleged to have been owned by her currently registered contrary to Section 7.12.020 of the Municipal Code of the City of El Paso. A fine of \$50.00 was assessed.

This Court this date decided a companion case styled *Patricia Hernandez, Appellant v. State of Texas, Appellee, 15-MCA-3830* (Mun.Ct.App. - -2015) in which this Court addressed the issues presented and the contentions of the parties, and reversed and remanded that case to the Trial Court for further consideration.

For the same reasons, it does so in this case.

SIGNED this 24th day of February, 2016.

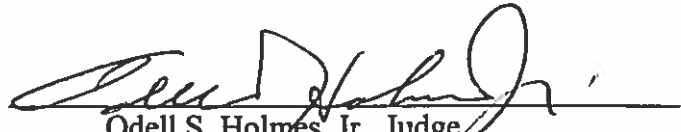


Odell S. Holmes, Jr., Judge
El Paso Municipal Court of Appeals

JUDGEMENT

This case came on to be heard on the Transcript of the Record of the Court below, the same being considered, it is ORDERED, ADJUDGED and DECREED by the Court that the case is reversed and remanded.

SIGNED this 24th day of February, 2016.

A handwritten signature in black ink, appearing to read "Odell S. Holmes, Jr.", written over a horizontal line.

Odell S. Holmes, Jr., Judge
El Paso Municipal Court of Appeals

Veterinary Reimbursement Medical Form

Feral Cat Program

Feral

This original form must be submitted within 15 days to Pets Alive for every cat altered through the Feral Cat Program. All testing and vaccinations (other than Rabies vaccines) are optional and paid for by the Trapper. Veterinarians will only be reimbursed for the OHE/Castration surgeries, Rabies Vaccines, and Euthanasia. We view this as an opportunity to gather information on the Feral Cat population in El Paso metro area. We appreciate your time on this matter. Summaries of the information provided/obtained will be supplied to EPVMA. Please make a copy of this form for your records.

Type of Trap: Pets Barn Private Clinic Trap

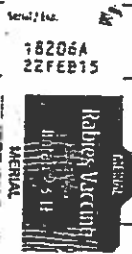
DVM Name: Guy JOHNSON DVM

Trapper Name: P. Hernandez

Clinic Name: JOHNSON AN. Hosp

Donation Amount: \$ _____

Date of Surgery: 5-1-14

Cat Description Color/Weight	M	F	Estimated Age	?Pregnant? # of Fetuses	Rabies Vaccination Label #	Right Ear Clip	Neuter	Notes
1. <u>CAULO</u>		<u>X</u>	<u>1 yr</u>	<u>—</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.								
3.								
4.								

Optional Test: FeLV FIV

Optional Vaccinations: FeLV RCP FIP

Please indicate which cat(s) had spay scar(s) of previous surgery or neuter. Right ear tipped while under anesthesia and Rabies Vaccine was given.

If any cat(s) died, please indicate which cat(s) and check reason: Surgical Death Euthanized

Reason: _____

Medical Notations:

3 Poyu (SA) + 3 felaxet IM

1. POLY SA, 1. PRED SQ, .07cc BUPRENEX IM @ 9:

Please sign. I certify that the above OHE/Castration surgery has been performed under the guidelines of the Pets Alive/EPVMA Feral Cat Program.

[Signature]
Veterinarian Signature

Guy JOHNSON DVM
Printed Name

5-1-14
Date