

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-3832
Ticket No. 33456879.3

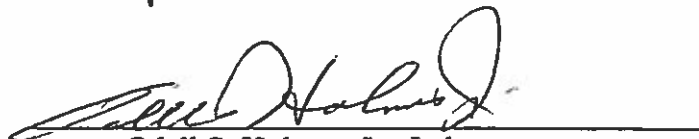
OPINION

Appellant appeals her conviction in Municipal Court for owning, keeping or harboring an animal that was not currently implanted with a microchip. 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.

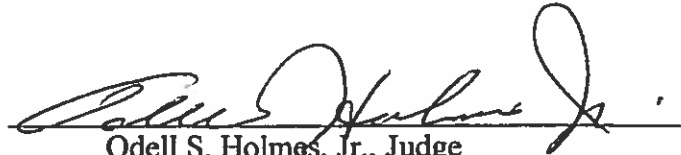


Odell S. Holmes, Jr., Judge
El Paso Municipal Court of Appeals

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 Rab Vaccine was given.

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

Reason: _____

Medical Notations: 3 Poyh(SA) + 3 felaret Ids
4 POLY SA, 1 BLEED 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/EPV Feral Cat Program.

[Signature] GUY JOHNSON DVM 5-1-14
Veterinarian Signature Printed Name Date