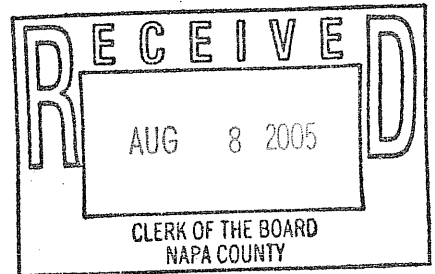


NAPA COUNTY DANGEROUS ANIMAL HEARING PANEL

Return To: County Executive Office
1195 Third Street, Room 310
Napa, Ca 94559-3082



PLEASE PRINT OR TYPE (Please complete all three pages)

1. Full name: Dina Joy Mitchell
2. Supervisorial District in which you reside: _____
3. a. Current occupation (within last 12 months): Certified Dog Trainer
and Behavior Counselor.
- b. Business interests in last 12 months: Dog Training

4. Current License (Professional or Occupational); Date of issue and/or expiration:
Certified Dog Trainer & Behavior Counselor Certificate obtained
Feb 2001.

Status: Current

5. Education/Experience: A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.

- 2001 - Present, Private dog trainer
- 2001 - 2004, Dog boarding & day care
- 2001, Graduated from the San Francisco SPCA Academy for dog trainers.
- 2003 - Present, Dog training teacher for S. H. Recreation Dept. (Classes)

6. Community participation (nature of activity and community location):

Volunteer Roseville SPCA 2001. Animal advocate (Placer Co
SPCA - located in Roseville.)

7. Other County Boards/Commissions/Committees on which you serve/have served:

8. Names, addresses and phone numbers of three individuals familiar with your background:

Steve Bouch -

Ed Powers DVM -

Tracy Rohrer DVM -

9. Name of spouse and occupation of spouse within last 12 months, if married (for Conflict of Interest purposes):

10. Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I am concerned about the increasing number of attacks on people from dogs. The public needs to be educated & informed about animal behavior. Most animals exhibit warning signs before they bite & awareness of these indications might help prevent bites to people & other animals. While I believe education is paramount, I also think policies may need to be reviewed or new ones implemented. My contribution would come from years of one-on-one interaction with many breeds of dogs in various settings. I have taken many continued education classes on dog training, particularly aggression. I would like to share my experiences and insight on dog behavior and help to establish

11. Indicate the category of membership for which you are applying.

Member Representative

Alternate Member Representative

guidelines or rehabilitation & protocol on dealing with vicious dogs.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

Signature: Dina J Mitchell Date: 8/4/05
All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the ~~District~~ Board following appointment for purposes of communicating with the appointee.

Full Name: Dina Joy Mitchell

Home Address

Street: _____

City/State: _____

Zip: _____

Telephone: _____

Office Address

Company Name: _____

Street: _____

City/State: _____

Zip: _____

Telephone: _____