



RESILIENT ENVIRONMENT DEPARTMENT
ANIMAL CARE DIVISION
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist

PERSON/ RESCUE PARTNER REQUESTING REIMBURSEMENT:

NAME: Lorrie King

Meeting Date: February 5th 2025

Checklist

- Trust Fund Rules send
- Copy of all invoices marked PAID
- MEDICAL HISTORY from your vet, where your animal was treated, INCLUDING ALL RESULTS
- Completed CHRONOLOGICAL TIMELINE HISTORY form
- AFFIDAVIT – letter stating that you have not received any money (including donations) from 3rd parties to pay for your bills (SIGNED and Notarized)
- Any additional pictures or proof that could help your claim

PLEASE CHECK-MARK ALL APPLICABLE BOXES

Emergency Reimbursement

- Director or Committee Authorization
- Veterinarian statement received
- Funds available

Post-Adoption or Rescue-Pull Reimbursement

- Adopted/Rescued from shelter
- Adoption within 30 days of reimbursement request
- Medical or surgical in nature
- Could not be dealt with adequately by County Veterinarian
- Written request received indicating why owner/rescue group cannot afford to pay expenses
- Treatment is not the result of apparent abuse or neglect by the owner/rescue group

Financial Need Reimbursement

- Sterilized or agrees to sterilize animal
- Has rabies vaccine and license or agrees to have vaccinated and licensed
- Written request received indicating why owner cannot afford to pay expenses
- Funds available

Extraordinary Shelter Expenses

- Director Authorization
- Services not provided by County Animal Clinic
- Funds available

Total Amount of charges: ~~X 2,943.59~~

\$3136.57

Funds available: _____

Director



RESILIENT ENVIRONMENT DEPARTMENT

ANIMAL CARE DIVISION

2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: 12/31/2024

Name: Lorrie King

Address: 4791 SW 82nd Ave, #21
Davie, FL 33328

Re: Animal Care Advisory Committee Trust Fund Sub-Committee Reimbursement Request

Dear Sir or Madam;

Thank you for contacting The Animal Care Advisory Committee Trust Fund Sub-Committee.

Attached please find the information requested to present your case to the Animal Care Advisory Committee – Trust Fund Sub-Committee:

1. Trust Fund Rules
2. Please provide a copy of **all invoices** marked **paid**
3. Please provide the **Medical history** from your vet where your animal was treated, **including test results**
4. Completed **Chronological History Timeline** (form attached)
5. **An affidavit, signed and notarized**, stating that you have not received any money (**including donations**) from a 3rd party to pay for these bills (attached)
6. Any additional pictures or proof that could help your claim

Please send all documentation to me via e-mail.

If you have any additional questions, please don't hesitate to contact me.

Sincerely,

Animal Care Division

Sec. 4-30. - Animal Care General Trust Fund.

Sec. 4-30. - Animal Care General Trust Fund.

(a) There is hereby created an Animal Care General Trust Fund (Trust Fund) for the purpose of accepting and disbursing gifts, grants, and awards of money paid to Broward County for the use and benefit of dogs and cats in Broward County.

(b) The Animal Care General Trust Fund shall be self-perpetuating year to year, unless specifically terminated by the Commission.

(c) All gifts, grants, and awards of money received shall be placed in trust for and enure to the use and benefit of dogs and cats in Broward County. Unless said funds are directed for a specific purpose, the funds shall be expended, utilized, and disbursed only for the use and purpose of providing for the welfare of dogs and cats within Broward County, in accordance with the criteria set forth below.

(d) There is hereby created an Animal Care General Trust Fund Subcommittee (the Subcommittee) consisting of six (6) members, five (5) of whom shall be members of the Broward County Animal Care Advisory Committee (the Committee) appointed by the Chair of the Committee. The Director, or designee, shall serve as the sixth (6th) member but shall be a nonvoting member. A quorum shall consist of a majority of the voting members of the Subcommittee. The affirmative vote of the majority of the voting members is required for approval of a motion. Members of the Subcommittee shall serve for one (1) two (2) year term and may be reappointed for one (1) additional two (2) year term. No member shall serve for greater than two (2) consecutive terms. Before incurring an obligation or liability that is anticipated to be paid from the Animal Care General Trust Fund, authorized members of the Committee shall obtain authorization from the Director and assurance that sufficient funds are available to pay such obligation or liability. All expenditures shall be in accordance with the criteria set forth below and shall be subject to the availability of funds from the Animal Care General Trust Fund. The expenditure of Trust funds shall be subject to the criteria set forth by the Committee, which shall include:

(1) The Animal Care General Trust Fund shall provide necessary emergency medical or surgical treatment and care to sick or injured dogs and cats in Broward County described in Subsection (1)a or (1)b, below, who come to the attention of the Committee or any member thereof:

- a. Stray dogs or cats or dogs or cats apparently abandoned by their owners.
- b. Dogs or cats that are apparently owned and are in need of immediate emergency medical or surgical treatment but are not within the custody of their owners.

(2) In all cases involving the provision of necessary medical or surgical treatment or care to dogs or cats described in Subsection (1)a or (1)b, above, it shall be the policy of the Committee that the following procedures be followed:

- a. Any member of the Committee is empowered to act immediately on behalf of an afflicted or endangered dog or cat in the exercise of sound judgment, independent of any other Committee member and without a consensus of the Committee or notice to any other Committee member.

- b. A dog or cat qualifying under Subsections (1)a or (1)b, above, may be taken by a member of the Committee or by Division staff to any licensed veterinarian in Broward County, who shall be instructed to provide such veterinary services as in the veterinarian's sound discretion are necessary to alleviate pain and suffering and to stabilize the dog or cat. In such an emergency, up to five hundred dollars (\$500.00) may be expended.

- c. Such veterinarian shall forward his or her statement to the Subcommittee for reimbursement, describing in detail the condition of the dog or cat upon admission to the veterinary facility. Approval for payment of such veterinary statements shall be by a majority of the Subcommittee at a meeting called upon proper notice. Any request for reimbursement for the provision of necessary medical or surgical treatment or care to dogs or cats described in Subsection (1)a or (1)b, above, arising from a Committee member taking a dog or cat in for veterinary services, shall be reimbursed provided the Subcommittee deems the costs for the services reasonable. In the event the Subcommittee deems the costs for the services to be unreasonable, the Subcommittee shall reimburse the veterinary services at an amount the Subcommittee deems reasonable.

- d. No person who finds a dog or cat in distress and in need of medical or surgical treatment and who subsequently decides to adopt such dog or cat shall be precluded from receiving, on behalf of the dog or cat, the benefits of the trust fund simply because the dog or cat is adopted by the finder.

- e. Nothing contained herein shall preclude the Subcommittee from carrying out the specific intent of a devise from a donor even if said amount exceeds the scope of the foregoing criteria.

f. In keeping with the humanitarian philosophy underlying the creation of the trust fund, the broadest possible application shall be given to the foregoing principles.

g. Extraordinary expenses, including costs of radiological services and other services not provided at the County's animal clinic that are incurred by the Division in treatment and care of dogs and cats, shall be eligible for reimbursement to the Division upon approval of a majority of the Subcommittee.

(3) A dog or cat adopted from the Division that develops medical or surgical problems within a period of thirty (30) days from the date of adoption, the cost of which exceeds the financial resources of the adoptive owner, shall also qualify to receive benefits from the Animal Care General Trust Fund. If the medical or surgical problems of such a dog or cat cannot be dealt with adequately by the County veterinarian and the owner wishes to keep the dog or cat but cannot afford treatment, and where such treatment is not the result of apparent abuse or neglect by the owner, the Trust Fund may provide for necessary additional treatment of the dog or cat by a licensed veterinarian in Broward County on a case-by-case basis and at the discretion of the Director of the Division. A cap of three hundred fifty dollars (\$350.00) shall be placed on such expenditures, which may be raised if necessary by a majority vote of the Subcommittee. In no event shall any expenditures of Trust funds be guaranteed by any Committee member or made without approval of a majority of the Subcommittee members at a properly noticed meeting.

(4) A dog or cat that is sick or injured and is owned by an individual who is financially unable to be fully responsible for the dog's or cat's treatment shall also qualify to receive benefits from the trust fund. Such treatment shall not exceed three hundred fifty dollars (\$350.00), except that the Subcommittee shall have the discretion to raise the ceiling on the expenditures for such treatment when the circumstances of the case warrant increased reasonable expenditure. In the event the Director does not agree with the voting members of the Subcommittee, the Director may present the matter for consideration by the Commission at a properly scheduled meeting.

Any expenditures from the trust fund not covered by the foregoing subsections shall be presented for consideration by the Commission at any properly scheduled meeting.

(e) The Animal Care General Trust Fund shall be a separate account established and maintained apart from the general revenue fund and accounts of Broward County.

Monies obtained hereunder may be accepted on behalf of Broward County by the Director or such other person or persons as may be designated by resolution of the Commission and, upon receipt of said monies, shall cause the same to be delivered to the Broward County Records, Taxes and Treasury Division, which shall cause the same to be deposited into the Animal Care General Trust Fund.

Funds deposited or credited to the Animal Care General Trust Fund and not expended by the close of any fiscal year shall be carried forward to the next succeeding fiscal year.

Any gifts, grants, and awards received subject to a condition shall be deposited in a trust fund specifically designated for that purpose. Interest accrued on the Animal Care General Trust Fund shall be maintained apart from the general revenue fund and other accounts of Broward County to provide and be used for adoption programs, including training, marketing, and other necessary expenditures, as determined by the Director.

(f) To be eligible to receive funds pursuant to Subsections 4-30(d)(3) and (4), a dog or cat owner must prepare a request indicating why the owner cannot afford to pay the expenses. All requests indicating that an owner cannot afford to pay the expenses must be verified, and the information provided shall be reliable. In addition, the dog or cat owner must agree to have the dog or cat sterilized to reduce dog or cat overpopulation, and have or obtain a current rabies vaccination and a current Broward County rabies registration license. Any exemptions from these criteria must be made by the Subcommittee. The amount payable from the Animal Care General Trust Fund may be amended by the Subcommittee subject to the availability of funding.

(g) The Animal Care Advisory Committee, through its Subcommittee, shall administer the Animal Care General Trust Fund in accordance with this section.

(h) No Animal Care General Trust Fund monies, with the exception of accrued interest as provided in Subsection (e) above, shall be disbursed from the Animal Care General Trust Fund unless such expenditures have been authorized by a majority of the Subcommittee at a meeting called upon proper notice.

- **Sec. 4-34. - Animal Care and Adoption Victim Trust Fund.**

(a)

There is hereby created a Broward County Animal Care and Adoption Victim Trust Fund for the purpose of accepting and disbursing a portion of dog or cat bite fees, gifts, grants, awards of money, and other revenue to pay the full or partial medical expenses of dog or cat bite victims.

(b)

The Broward County Animal Care and Adoption Victim Trust Fund shall be self-perpetuating from year to year unless specifically terminated by the Commission. In the event of termination, the Commission shall have sole discretion concerning the distribution of trust assets, provided, however, that any trust assets received and accepted subject to a condition shall be utilized and expended strictly in accordance with such condition.

(c)

All fees, gifts, grants, awards of money, or property, and other revenue received hereunder from either public or private entities shall be deposited in the Broward County Animal Care and Adoption Victim Trust Fund, which shall be separately established and maintained apart from the general revenue funds and accounts of Broward County and held in trust and inure to Broward County, its successors and assigns, and shall be expended, utilized, and disbursed only for the use and benefit of Broward County dog or cat bite victims.

(d)

Three hundred dollars (\$300.00) of every first bite fine paid shall be deposited into the Broward County Animal Care and Adoption Victim Trust Fund to assist victims of dog or cat bites with documented, paid medical expenses.

(e)

Monies deposited in and credited to the Broward County Animal Care and Adoption Victim Trust Fund and not expended by the close of any fiscal year shall be carried forward into the succeeding fiscal year. Any fees, gifts, grants, awards, and other revenue received subject to a condition shall be utilized and expended strictly in accordance with such condition.

(f)

There is hereby created a Broward County Animal Care and Adoption Victim Trust Fund Committee consisting of four (4) members, three (3) of whom shall be Broward County residents appointed by the County Administrator. The Director shall serve as the fourth (4th) member but shall be a non-voting member. No trust monies shall be disbursed from the Broward County Animal Care and Adoption Victim Trust Fund unless such expenditures have been authorized by a majority of the Victim Trust Fund Committee. Within its discretion, the Victim Trust Fund Committee shall determine and ascertain the best utilization of trust funds for the benefit of victims.

(g)

The dog or cat owner or keeper cited for a dog or cat bite may elect to pay the victim's medical expenses if such expenses are paid within fifteen (15) calendar days of the bite. In the event the violator pays the victim's medical expenses and complies with all applicable provisions of [Chapter 4](#)

of the Broward County Code of Ordinances, the fine to be assessed pursuant to Chapter 40 of the Broward County Administrative Code shall be reduced by three hundred dollars (\$300.00).

(h)

The Animal Care Victim Trust Fund shall be capped at twenty thousand dollars (\$20,000.00) in annual revenue. Notwithstanding any provision to the contrary in this chapter, all Animal Care Victim Trust Funds exceeding twenty thousand dollars (\$20,000.00) at 11:59 p.m. on September 30th of each year shall be deposited into the Animal Care Sterilization Trust Fund, to be used for sterilization programs, as determined by the Director.

(Ord. No. 2003-02, § 1, 1-28-03; Ord. No. 2009-9, § 2, 3-10-09; Ord. No. 2013-10, § 1, 2-12-13; Ord. No. [2015-37](#), § 1, 9-10-15)

- **Sec. 4-35. - Animal Care Sterilization Trust Fund.**

(a)

There is hereby created an Animal Care Sterilization Trust Fund for the purpose of accepting and disbursing funds received by the County from the following sources:

(1)

Three dollars (\$3.00) from each rabies registration license sold for sterilized and unsterilized dogs and cats shall be deposited into the Animal Care Sterilization Trust Fund.

(2)

Pursuant to Subsection [4-11](#)(d), fees collected for rabies registration license sales over the baseline of one hundred thousand (100,000) licenses per year shall be deposited in the Animal Care Sterilization Trust Fund.

(3)

Pursuant to Subsection [4-33](#)(b), unsterilized impound fees shall be deposited into the Animal Care Sterilization Trust Fund.

(4)

Pursuant to Subsection [4-6.5](#)(1), breeder permit fees and fines shall be deposited into the Animal Care Sterilization Trust Fund.

(5)

Pursuant to Subsection [4-34](#)(h), excess funds in the Animal Care Victim Trust Fund shall be deposited into the Animal Care Sterilization Trust Fund.

(6)

Sterilization grants, gifts, awards of money, and other revenue intended to fund sterilization programs shall be deposited into the Animal Care Sterilization Trust Fund.

Funds received hereunder shall be deposited in a separate account established and maintained apart from the general revenue fund and accounts of Broward County to provide for the sterilization of dogs and cats.

(b)

The Animal Care Sterilization Trust Fund account shall be self-perpetuating year to year, unless specifically terminated by the Commission.

(c)

Disbursement of funds pursuant to this section shall be determined by the Director.

(Ord. No. [2015-37](#), § 1, 9-10-15)

• **Sec. 4-36. - Animal Care Adoption Trust Fund.**

(a)

There is hereby created an Animal Care Adoption Trust Fund for the purpose of accepting and disbursing funds received by the County from the following sources:

(1)

One dollar (\$1.00) from each rabies registration license sold for sterilized and unsterilized dogs and cats shall be deposited into the Animal Care Adoption Trust Fund.

(2)

Pursuant to Subsection [4-30](#)(e), interest income from the Animal Care General Trust Fund shall be deposited into the Animal Care Adoption Trust Fund.

(3)

Grants, gifts, donations, and awards of money designated for adoption programs shall be deposited into the Animal Care Adoption Trust Fund.

Funds received hereunder shall be deposited in a separate account established and maintained apart from the general revenue fund and accounts of Broward County to provide for the adoption of dogs and cats.

(b)

The Animal Care Adoption Trust Fund account shall be self-perpetuating year to year, unless specifically terminated by the Commission.

(c)

Disbursement of funds pursuant to this section shall be determined by the Director.

(d)

On or before December 1st of every year, the Division shall file an annual report with the Board of County Commissioners describing funds deposited into and disbursed from the Animal Care Adoption Trust Fund for the prior fiscal year.

(Ord. No. [2015-37](#), § 1, 9-10-15)

<u>NAME</u>	Lorrie King
<u>Address</u>	4791 SW 82nd Ave, #21 Davie, FL 33328
<u>Telephone Number</u>	954-515-2221
<u>Animal Name</u>	Biscuit
<u>Animal ID#</u>	A2349281
<u>Date of adoption</u>	April 5, 2024

Chronological History Timeline:

Date: April 5, 2024 **20**__

Broward Animal Care

Biscuit was Fostered from the ~~Humane Society~~ ~~Norco Society~~ and taken home. I was informed he was underweight and one testicle had not dropped. Nothing was said on noted he had Ostipation. At home he was given food and water but ate very little.

Unknown any issues with urinating or passing feces.

Date: April 6, 2024 **20**__

Biscuit was given food and water and ate very little. Noticed he was straining trying to poop in different areas of the house instead of the little box. I rushed him to LeadER Emergency where they misdiagnosed him with a urinary blockage even though I kept saying he is hunched over trying to poop and not pee. They gave him pain medicine and expressed his belly to remove the urine. They charged me \$941.41.

Date: April 7, 2024 **20**__

I took Biscuit back to the ~~Humane Society~~ ~~Norco Society~~ where they found he was Ostipated and performed 3 enemas and given food and water over 5 days. He was scheduled to be euthanized on the 5th day but produced a miracle poop overnight and was sent home with no further issues until November 13, 2024 where he was having difficulties pooping again.

Date: November 13 **2024**

Noticed Biscuit was straining to poop for 2 days prior and after many failed home remedies, Biscuit was taken to Cooper City Animal Clinic. After 10 days of vet visits with multiple enemas and diet food change he started doing better but are still watching him closely. He is taken to the vet weekly to do an abdomen check and get his diet food while waiting for funds for his surgery to be scheduled to remove his colon for Congenital Ostipation.

AFFIDAVIT
Please Have Notarized

NAME:	Lorrie King
Address:	4791 SW 82nd Ave, #21 Davie, FL 33328
Telephone Number:	954-515-2221
Animal Name	Biscuit
Animal ID#	A2349281
Date of adoption:	April 5, 2024

I, Lorrie King have not received any money from a 3rd party for the above animal veterinary care.

Lorrie King

Print Name:

Lorrie King
Signature:



Jessica Hernandez
12/31/24



RESILIENT ENVIRONMENT DEPARTMENT
ANIMAL CARE DIVISION

2400 SW 42nd Street • Fort Lauderdale, FL 33312 • 954-359-1313

AID#:	_____
PID#:	_____

24/7 ANIMAL HOSPITALS IN BROWARD COUNTY		
HOSPITAL NAME	ADDRESS	PHONE
Coral Springs Animal Hospital	2160 N. University Drive, Coral Springs, FL 33071	954-753-1800
LeadER Animal Specialty Hospital	9410 Stirling Rd, Cooper City, FL 33024	954-437-9630
Blue Pearl Specialty & Emergency Pet Hospital	3217 NW 10th Terr., Ft. Lauderdale, FL 33309	954-641-1100
VCA Hollywood Animal Hospital	2864 Hollywood Boulevard, Hollywood, FL 33020	(954) 920-3556
St Francis Emergency Animal Hospital	6602 Hollywood Boulevard, Hollywood, FL 33024	(954) 962-0300
Advanced Veterinary Care Center	8920 W. State Road 84, Davie, Florida 33324	954-500-VETS

To the attending veterinarian:

A foster kitten from Broward County is showing signs of illness or injury. The registered foster has brought this individual for triage of its injuries and basic medical care. If appropriate please provide pain medications, SQ fluids, bandage or splint to keep the animal comfortable.

Further diagnostics beyond a hematocrit and total protein are to be avoided unless there are extenuating circumstances. Alternatively, based on the exam, if the prognosis is poor or the animal is suffering, please provide humane euthanasia. According to Florida Statute 828.05 No officer or Veterinarian will be liable when acting in good faith regarding humane euthanasia.

Broward County Animal Care can pay \$500 for triage services with no prior approval necessary. In extenuating circumstances an amount of no more than \$3,500 may be approved. Please email any invoice to AnimalCare@Broward.org for payment.



Animal Specialty Hospital

Exceptional care, pure and simple, 24/7/365

BILL TO

Lorrie King
4791 Southwest 82nd Avenue
APT# 21
Davie, Florida, 33328

Next Appointment Details:

LeadER Animal Specialty Hospital

9410 Stirling Road
Cooper City, Florida, 33024
Ph: 954-437-9630

Email: medicalrecords@leadERvet.com
Website: www.leadERvet.com

INVOICE

DATE:
PATIENT:
CLINICAL #:

957515
04-07-2024
Biscuits
841417

DESCRIPTION	QTY	TOTAL
EMERGENCY VISIT	1	\$155.00
BIOHAZARDOUS WASTE DISPOSAL	1	\$38.00
IV CATHETER, INFUSION SETS, T-PORT, & EXTENSION SETS	1	\$85.28
PLASMA LYTE A 1L (Per Bag)	1	\$34.34
ELEMENT POC (HESKA)	1	\$66.39
PAIN MNGMT BUPRENORPHINE 0.3MG/ML INJ (Per ml)	0.03	\$32.29
MIDAZOLAM 5MG/ML INJ (Per ml)	0.03	\$30.92
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.15	\$36.13
URINE COLLECTION SYSTEM/CATHERIZATION	1	\$107.12
SLIPPERY SAM TOM CAT CATHETERS	1	\$75.27
PROPOFOL 20ML BOTTLE PLUS 1ST HOUR OF ISOFLURANE	1	\$263.12

PAYMENT TERMS:

Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____

Subtotal	\$941.41
Inc. TAX	\$0.00
Total	\$941.41
Paid	\$941.41
Due	\$0.00



Animal Specialty Hospital

Exceptional care, pure and simple, 24/7/365

BILL TO

Lorrie King
4791 Southwest 82nd Avenue
APT# 21
Davie, Florida, 33328

Next Appointment Details:

LeadER Animal Specialty Hospital

9410 Stirling Road
Cooper City, Florida, 33024

Ph: 954-437-9630

Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

DATE: 957515
04-07-2024
PATIENT: Biscuits
CLINICAL #: 841417

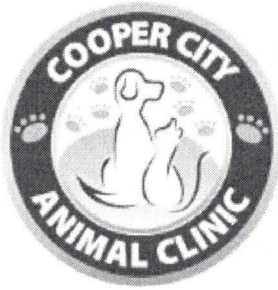
DESCRIPTION	QTY	TOTAL
PAIN MANAGEMENT/B UPRENEX ORAL 0.3MG/ML (Per ml)	0.5	\$17.55

PAYMENT TERMS:

Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____

Subtotal	\$941.41
Inc. TAX	\$0.00
Total	\$941.41
Paid	\$941.41
Due	\$0.00



Cooper City Animal Clinic
9516 Griffin Rd
Cooper City, FL 33328

Ph 954-434-6166
Email mendydv@gmail.com

CLINICAL SUMMARY	
Animal No.	128197
Clinical No.	361066
Record Date	11-19-2024
Attending Vet(s)	Greg Rupp
Printed At	11-19-2024

Clinical Summary for Biscuit

+ Hospital Notes

11-19-2024 5:08:49pm

Home Care Instructions for Biscuit King

Biscuit has Congenital Megacolon. His colon is not functioning. There is no peristalsis and feces is continually building up in his colon. Best recommendation for Biscuit is a surgical procedure called Subtotal Colectomy

Home Therapy for Biscuit until Surgery is Performed:

Cisapride Suspension 10 mg/ml --> give 0.75 ml orally every 8 hours

Lactulose Syrup --> Give 4 mls orally every 12 hours

Mirataz (Mirtazapine) Transdermal Ointment - Apply 1.5 inch strip topically onto inner pinna of ear ONCE daily for appetite stimulation.

Cerenia 16 mg Tablets - Give 1/2 tablet orally Once daily to control nausea and prevent vomiting

Feed Biscuit canned food only. We prefer he is fed a Low Residue GI Formula cat food. Canned food will help maintain his hydration.

Bring Biscuit in as often as possible for an enema --> minimum is twice weekly. Once daily is recommended. We can administer Subcutaneous fluids with his enemas to keep him well hydrated.

INVOICE



Invoice date: 13th November 2024
Invoice number: #503279

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-13-2024	EXAM / OFFICE VISIT	Erica Garcia	1	\$38.00
11-13-2024	RADIOGRAPHS- ABDOMEN	Erica Garcia	1	\$179.24
11-13-2024	RADIOGRAPHIC INTERPRETATION	Erica Garcia	1	\$149.99
11-13-2024	COMPREHENSIVE - IN HOUSE LAB	Erica Garcia	1	\$186.74
11-13-2024	ELECTROLYTE PANEL- IN HOUSE	Erica Garcia	1	\$63.37
11-13-2024	FLUIDS SQ GROUP	Erica Garcia	1	\$89.99
11-13-2024	ENEMA	Erica Garcia	1	\$38.50
11-13-2024	BioHazard Disposal Fee	Erica Garcia	1	\$9.99
11-13-2024	CERENIA INJ Small up to 20 lbs	Erica Garcia	1	\$74.99
11-13-2024	Gastrointestinal Fiber Response single can- Feline	Erica Garcia	5	\$14.50

Subtotal: **\$845.31**
Including tax: **\$0.00**
Total: **\$845.31**

INVOICE



Invoice date: 13th November 2024
Invoice number: #503279

Customer name: King, Lorrie
Animal name: Biscuit

Payment method: **Pay Junction Terminal : -830.82 Pay Junction Terminal : -14.49**
Amount paid: **\$845.31** Balance: **\$0.00**

INVOICE



Invoice date: 13th November 2024
Invoice number: #503308

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-13-2024	LACTULOSE 10G/15 ML 8FL OZ	Erica Garcia	1	\$48.00

Subtotal: **\$48.00**

Including tax: **\$0.00**

Total: **\$48.00**

Payment method: **Pay Junction Terminal : -48.00** Amount paid: **\$48.00** Balance: **\$0.00**

INVOICE



Invoice date: 14th November 2024
Invoice number: #503312

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-14-2024	EXAMINATION RECHECK	Erica Garcia	1	\$38.99
11-14-2024	ENEMA	Erica Garcia	3	\$115.50
11-14-2024	FLUIDS SQ GROUP	Erica Garcia	1	\$89.99
11-14-2024	CERENIA INJ Small up to 20 lbs	Erica Garcia	1	\$74.99
11-14-2024	BioHazard Disposal Fee	Erica Garcia	1	\$9.99
11-14-2024	Cisapride Suspension 10 mg/ml 30cc	Greg Rupp	1	\$49.99
11-14-2024	DKT	Erica Garcia	1	\$88.99
11-14-2024	Antiseden(Reversal)	Erica Garcia	1	\$78.99
11-14-2024	MIRATAZ- TRANSDERMAL OINTMENT)	Greg Rupp	1	\$52.00

Subtotal: **\$599.43**

Including tax: **\$0.00**

Total: **\$599.43**

Payment method: **Pay Junction Terminal : -599.43** Amount paid: **\$599.43** Balance: **\$0.00**

INVOICE



Invoice date: 15th November 2024
Invoice number: #503357

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-15-2024	ENEMA	Greg Rupp	1	\$38.50
11-15-2024	CERENIA INJ Small up to 20 lbs	Greg Rupp	1	\$74.99
11-15-2024	SQ Fluids	Greg Rupp	1	\$109.99
11-15-2024	FLUIDS ADMINISTRATION - SQ	Greg Rupp	1	
11-15-2024	LINE (FLUIDS)	Greg Rupp	1	
11-15-2024	NEEDLE 18 G	Greg Rupp	1	
11-15-2024	BioHazard Disposal Fee	Greg Rupp	1	
11-15-2024	DKT	Greg Rupp	1	\$88.99
11-15-2024	Antiseden(Reversal)	Greg Rupp	1	\$78.99
11-15-2024	BioHazard Disposal Fee	Greg Rupp	1	\$9.99
11-15-2024	Discount off Invoice	Greg Rupp	1	-\$201.45

Subtotal: **\$200.00**
Including tax: **\$0.00**
Total: **\$200.00**

Payment method: **Pay Junction Terminal : -200.00** Amount paid: **\$200.00** Balance: **\$0.00**

INVOICE



Invoice date: 16th November 2024
Invoice number: #503413

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-16-2024	ENEMA	Erica Garcia	1	\$38.50
11-16-2024	BioHazard Disposal Fee	Erica Garcia	1	\$9.99

Subtotal: **\$48.49**
Including tax: **\$0.00**
Total: **\$48.49**

Payment method: **Pay Junction Terminal : -48.49** Amount paid: **\$48.49** Balance: **\$0.00**

INVOICE



Invoice date: 19th November 2024
Invoice number: #503501

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
11-19-2024	ENEMA	Greg Rupp	1	\$38.50
11-19-2024	Cisapride Suspension 10 mg/ml 30cc	Greg Rupp	1	\$49.99
11-19-2024	LACTULOSE	Greg Rupp	1	\$48.99
11-19-2024	CERENIA TABS 16 MG	Greg Rupp	1	\$48.99
11-19-2024	BioHazard Disposal Fee	Greg Rupp	1	\$9.99

Subtotal: **\$196.46**

Including tax: **\$0.00**

Total: **\$196.46**

Payment method: **Pay Junction Terminal : -196.46** Amount paid: **\$196.46** Balance: **\$0.00**

INVOICE



Invoice date:
22nd November
2024

Invoice number:
#503610

Customer name:
King, Lorrie

Animal name:
Biscuit

Date	Description	Staff Member	Qty	Total
11-22-2024	ENEMA	Greg Rupp	1	\$38.50
11-22-2024	BioHazard Disposal Fee	Greg Rupp	1	\$9.99

Subtotal: **\$48.49**

Including tax: **\$0.00**

Total: **\$48.49**

Payment method: **Pay Junction Terminal : -48.49** Amount paid: **\$48.49** Balance: **\$0.00**

INVOICE



Invoice date:
22nd November
2024

Invoice number:
#503617

Customer name:
King, Lorrie

Animal name:
Biscuit

Date	Description	Staff Member	Qty	Total
11-22-2024	A/D SINGLE CANS	Greg Rupp	2	\$8.00

Subtotal: **\$8.00**

Including tax: **\$0.00**

Total: **\$8.00**

Payment method: **Pay Junction Terminal : -8.00** Amount paid: **\$8.00** Balance: **\$0.00**

INVOICE



Invoice date: 13th December 2024
Invoice number: #504179

Customer name: King, Lorrie
Animal name: Biscuit

Date	Description	Staff Member	Qty	Total
12-13-2024	Recovery Can 5.8 oz Single	Greg Rupp	2	\$8.00

Subtotal: **\$8.00**

Including tax: **\$0.00**

Total: **\$8.00**

Payment method: **Pay Junction Terminal : -8.00** Amount paid: **\$8.00** Balance: **\$0.00**

INVOICE



Invoice date:
10th January 2025

Invoice number:
#504929

Customer name:
King, Lorrie

Animal name:
Biscuit

Date	Description	Staff Member	Qty	Total
01-10-2025	ENEMA	Erica Garcia	1	\$78.50
01-10-2025	BioHazard Disposal Fee	Erica Garcia	1	\$9.99
01-10-2025	Recovery Can 5.8 oz Single	Erica Garcia	4	\$16.00

Subtotal: **\$104.49**
Including tax: **\$0.00**
Total: **\$104.49**

Payment method: **Pay Junction Terminal : -104.49** Amount paid: **\$104.49** Balance: **\$0.00**

INVOICE



Invoice date:
11th January 2025

Invoice number:
#504947

Customer name:
King, Lorrie

Animal name:
Biscuit

Date	Description	Staff Member	Qty	Total
01-11-2025	ENEMA	Erica Garcia	1	\$78.50
01-11-2025	BioHazard Disposal Fee	Erica Garcia	1	\$9.99

Subtotal: **\$88.49**

Including tax: **\$0.00**

Total: **\$88.49**

Payment method: **Pay Junction Terminal : -88.49** Amount paid: **\$88.49** Balance: **\$0.00**



Broward County Animal Care and Adoption Division

2400 SW 42nd St, Ft. Lauderdale, FL 33312
Phone: 954-359-1313



MEDICAL HISTORY REPORT



Animal ID#

A2349281

Name

BISCUIT

Breed

DOMESTIC SH

Color

TABBY

Age

4 MOS

Date of birth January 05, 2024

As of: 5/11/2024

Sex: NEUTERED MALE

04/05/2024

Condition: SEE DIAG

Weight: 3.00

Treated by: 1002125

Visit Type / Reason

Treatments

Medications

EXAM / INITIAL

FVRCP, 1x per day for 1 day(s)

PONAZURIL, 1x per day for 1 day(s)

REVOLUTION, 1x per day for 1 day(s)

STRONGID, 1x per day for 1 day(s)

Comments

* Tech Exam

History: Stray brought in by citizen

TPR: not able to obtain

PE: FAS: 0/5, BCS: 4/6 ; cryptorchid - only able to palpate one testicle

Treatment: FVRCP, Strongid, Ponazuril, Revolution

Preventive care administered at intake as shown on medication list. Monthly heartworm and internal parasite prevention provided monthly while in shelter.

04/08/2024

Condition: SEE DIAG

Weight: 3.31

Treated by: G000517

Visit Type / Reason

Treatments

Medications

TREATMENT

AS DIRECTED, 1x per day for 5 day(s)

DKT, 1x per day for 1 day(s)

Comments

* Taken to LeadER yesterday. Records indicate cat possibly had a urinary blockage and was catheterized.

Able to express bladder easily today on palpation but did have a large amount of firm stool in colon indicative of obstipation.

Sedated and administered warm soapy enema. Keep at clinic to monitor further elimination. Start Miralax (sprinkle ~ 1/8 tsp in food BID), ~50cc LRS sq daily. Wet food only.

04/10/2024

Condition: SEE DIAG

Weight: 3.31

Treated by: G000517

Visit Type / Reason

Treatments

Medications

EXAM

Comments

* No urine or fecal material noted in litterbox. Eating canned food

PE- QAR, mm pink, straining, full urinary bladder easily expressible, fecal filled colon distended more than normal, uncomfortable upon palpation of abdomen.

Assessment- atonic bladder, dysuria, obstipation consistent with nerve damage to urinary bladder and colon

Treatment- expressed bladder. Added miralax 1/4 tsp 2-3 x per day and PRN in addition to lactulose. Will need another enema under anesthesia for manual evacuation.

Option for foster parent to adopt and bring to private veterinarian for ongoing care however there is a quality of life concern.

04/13/2024

Condition: SEE DIAG

Weight: 3.31

Treated by: G000517

Visit Type / Reason

Treatments

Medications

EXAM

Comments

* Urine and fecal production reported a couple times today and yesterday. Appears to be eating well. Improved problem with elimination

PE- Small urinary bladder and less fecal material in colon.

Plan: Going out to foster care. Continue lactulose 0.5ml 3x per day by mouth. Adjust dosage if stool becomes too loose. If not defecating regularly can add miralax 1/4 tsp to food 2-3x daily.

04/20/2024

Condition: SEE DIAG

Weight: 3.60

Treated by: 340003

Visit Type / Reason

Treatments

Medications

EXAM / FOSTER

FVRCP, 1x per day for 1 day(s)

PONAZURIL, 1x per day for 1 day(s)

STRONGID, 1x per day for 1 day(s)

Comments

* Reason for visit: Routine checkup and preventative care.
History: Foster parent (FP) states... P is e/d/p regularly
General appearance: BAR, BCS 5/9, FAS 1/5
Tech findings: cryptorchid, only one palpable testicle ; rest of brief/visual PE unremarkable

Prev care/Tx:
2nd FVRCP RF SQ
Ponazuril 227 mg/ml: ml po once
Pyrantel pamoate 50 mg/ml: ml po once
Selamectin topical 60 mg/ml: ml directly applied to skin at the nape (of the neck). Repeat q30d.

Rx (meds to go home):
1. DWP: Please start both dewormer medications at the same time.
1) Ponazuril 227 mg/ml: Give ml po sid x 3d
2) Panacur 100 mg/ml: Give ml po sid x 5d

Next visit/Plan: Return to clinic in 2 weeks to continue vaccines/preventative care protocol. Schedule SX if health and weight permits.

Client education: Please call/email our foster program for any questions or concerns. In case of emergency, please bring foster back to the clinic immediately (during business hours) for medical evaluation.

05/04/2024

Condition: SEE DIAG

Weight: 4.70

Treated by: 1131609

Visit Type / Reason **Treatments**

EXAM / FOSTER

Medications

FVRCP, 1x per day for 1 day(s)
PONAZURIL, 1x per day for 1 day(s)
STRONGID, 1x per day for 1 day(s)

Comments

* Reason for visit: Routine checkup and preventative care.
History: Foster parent (FP) states Kitten is doing great!
General appearance: BAR, BCS 5/9, FAS 1/5
Tech findings: The kitten presents itself in a state of excellent condition and optimal health. Testicles have descended. Ready for surgery.

Prev care/Tx:
FVRCP RF SQ
Ponazuril 227 mg/ml: 0.4 ml po once
Pyrantel pamoate 50 mg/ml: 0.4 ml po once

Next visit/Plan: Ready for surgery drop off + Rabies.

Client education: Please call/email our foster program for any questions or concerns. In case of emergency, please bring foster back to the clinic immediately (during business hours) for medical evaluation.

* G000734

Anesthesia was induced using an injectable combination of sedatives

Patient was aseptically prepared for surgery. An incision was made on the scrotum over each testicle. The left and right testicles were exteriorized, and the spermatic cords ligated and inspected for bleeding. A green tattoo was applied on the abdomen to indicate patient has been sterilized. A microchip was inserted. RABIES VACCINE ADMINISTERED: RABVAC Ser No:E066735A

Exp:10/22/24

Discharge instructions:

1. Exercise restriction: no running, jumping, playing with people or other animals, or long walks
 2. Do not bathe for 10 days
 3. Suture removal not necessary
 4. Monitor incision for discharge, redness, swelling. If green, yellow or thick bloody discharge is present please take pet to a veterinarian immediately.
-

05/11/2024

Condition: SEE DIAG

Weight:

Treated by:

Visit Type / Reason

Treatments

Medications

MED RELEASE

Comments

* THIS ANIMAL HAS BEEN APPROVED FOR SAME DAY SURGERY PICK UP. ADOPTER IS AWARE THAT THIS ANIMAL WILL/MAY HAVE RESIDUAL SIDE EFFECTS FROM ANESTHESIA. THIS INCLUDES (BUT NOT LIMITED TO) DILATED/CONSTRICTED PUPILS, UNSTEADY WALK, AGGRESSIVE BEHAVIOR, & POSSIBLE VOMITING. ADOPTER WILL MONITOR THEIR ANIMAL THROUGHOUT THIS PERIOD. ALL FURTHER TREATMENTS/EXPENSES THAT MAY ARISE THROUGHOUT THIS RECOVERY PERIOD ARE THE RESPONSIBILITY OF THE ADOPTER AT THEIR OWN VET. BCAC WILL NOT BE RESPONSIBLE. ADOPTER ACKNOWLEDGES THAT BCAC DOES NOT OFFER AFTER HOURS CARE.

Post-Surgical Care Instructions:

Anesthesia can cause nausea and vomiting, we suggest that you only offer your pet 1/2 of his or her normal meal size post-surgery. Normal feeding should continue the following day.

Keep your pet calm. Patients' recovering from surgery should have limited exercise. No running, jumping, bathing, climbing on furniture, playing with other pets or with humans, or other strenuous activities for 10-14 days. Remember to keep your pet indoors, it is crucial to avoid possible infection. Walk your pet on a leash to allow him/her to urinate or defecate and do not take your pet for long walks during this time.

Check the incision site daily for swelling, redness or discharge. Any swelling should be minimal and resolve within 48 hours. A small amount of yellow-orange discharge is normal the first 48 hours. If there is yellow-green discharge, excessive swelling or bruising, or a large amount of blood, please seek veterinary care immediately. Do not allow your pet to lick his or her incision site. If an E-collar was provided it must stay on pet at all times for 10 days. Failure to do so may result in infection, dehiscence (opening of surgical site) and the need for further surgical attention. If sutures are present on incision, they are due to be removed 10 days after surgery.

Thank you for adopting!

Signature: Horrie King

Date: 5-11-24

05/11/2024

Condition: SEE DIAG

Temp: 101.20

Weight: 5.20

Treated by: 1125043

Visit Type / Reason

Treatments

Medications

SURGERY / ADOPTION NEUTER/CAT NA
RABIES VACCINE 1 YE, NA
SMART MICROCHIP NA

DKT, 1x per day for 1 day(s)
METACAM INJECTABLE, 1x per day for 1 day(s)
REVOLUTION, 1x per day for 1 day(s)

Comments