



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: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ 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: \$\_\_\_\_\_

Funds available: \_\_\_\_\_
Director

<b><u>NAME</u></b>	MITCHELL B. HALLER
<b><u>Address</u></b>	7481 NW 7th Street
<b><u>Telephone Number</u></b>	954-326-2608
<b><u>Animal Name</u></b>	DAKOTA
<b><u>Animal ID#</u></b>	A2357391
<b><u>Date of adoption</u></b>	APRIL 28, 2024

**Chronological History Timeline:**

**Date:** APRIL 28, 2024 20\_\_

We adopted Dakota after seeing her in a gated/pen next to the front door of the Broward Animal Care facility. She was sluggish (based on nerves and having just been vetted as a stray), but when she did get up she walked with a slight limp on her right side. Following her adoption, we brought her the very next day to our own family veterinarian, Dr. Bennett at Davie Vet, who has treated all of our dogs for years.

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**Date:** April 29, 2024 20\_\_

We presented to Davie Vet and Dr. Bennett, our family vet, for a head to toe check up of newly adopted Dakota. As part of her physical examination, Dr. Bennett heard/felt a click in her right hip and took several X-rays of Dakota. The X-rays, enclosed with this packet, reflect what we were told was a right hip dysplasia, as the ball and socket of her right hip joint were not together, an obvious abnormality. Dr. Bennett indicated this was an obvious issue upon X-ray and physical exam and that at some point in the near future, Dakota would require surgical intervention to repair the same.

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**Date:** April 29-30, 2024 20\_\_

Following the exam by our family vet, my wife contacted Broward Animal Care to notify your agency of the information we had just learned about Dakota. She spoke with a female representative (name unknown) who explained that when the time came for Dakota to have surgery, Broward County would pay for the same given it was a known medical issue at the time we adopted her. Unfortunately, we are not able to locate notes of the call to identify the person who directed us.

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**Date:** December 11, 2024 20\_\_

In or about late October, Dakota was running in the backyard and pulled up limping and thereafter would not put weight on her right leg. She became adept at using only three legs, but even with home therapy and time, her condition did not improve. We contacted Dr. Bennett who referred us to the Pet Surgery Center of Ft. Lauderdale and Dr. Rachel Steele. On December 11 Dakota underwent a femoral head ostectomy and is healing well. She is slowly starting to use her right leg again, but we need to continue with therapy to retrain her brain on same.

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AFFIDAVIT

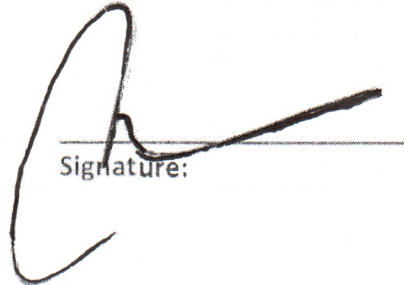
NAME:	MITCHELL B. HALLER
Address:	7481 NW 7th Street
Telephone Number:	954-326-2608
Animal Name	DAKOTA
Animal ID#	A2357391
Date of adoption:	APRIL 28, 2024

I, Mitchell B. Haller have not received any money from a 3<sup>rd</sup> party for the above animal veterinary care.

Mitchell B. Haller

Print Name:

Signature:

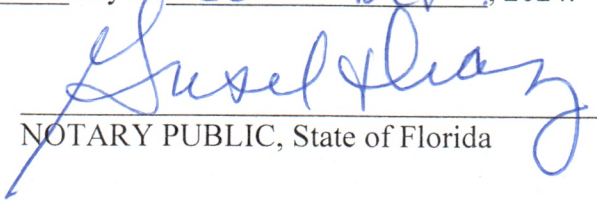


STATE OF FLORIDA )  
  )SS.  
COUNTY OF BROWARD \_\_\_)

BEFORE ME, the undersigned authority, personally appeared Mitchell Haller, who is personally known to me, or produced the following identification \_\_\_\_\_, and being duly sworn, deposes and says that he executed and acknowledge the foregoing instrument as true and correct.

WITNESS my hand and seal this 30<sup>th</sup> day of December, 2024.

My commission expires:

  
NOTARY PUBLIC, State of Florida



5930 SW 64th Ave  
 Davie, FL 33314-3340  
 Tel/Text: +1 (954) 581-4971  
 hello@davievetercenter.com



**Nicole Haller**  
 7481 NW 7 St  
 Plantation, FL 33317  
 +1 (954) 837-3942

**Payment History Summary - 4/29/2024 to 1/6/2025**

Date	Receipt #	Deposit Date	Payment Details	Amount Paid
5/23/2024	17302	5/23/2024	**CC Visa - ****1885	\$143.65
4/29/2024	16905	4/29/2024	**CC Visa - ****1885	\$293.63
<b>Total</b>				<b>\$437.28</b>

**Payment History - Nicole Haller**

**Receipt Number** 17302  
**Payment Entry Date** 5/23/2024 2:13 PM  
**Amount Paid** \$143.65  
**Payment** \*\*CC Visa \$143.65  
 Last 4 of Credit Card:  
 1885  
**Cashier** Tamika B.

Invoice Number	30988
Date	5/23/2024

Patient	Provider	Description	Date	Quantity	Subtotal	Tax	Total
Dakota	L Bennett, D.V.M.	NexGard Chew DOGS 24.1-60 lbs (purple) single dose	5/23/2024	1	\$24.45	\$0.00	\$24.45
Dakota	L Bennett, D.V.M.	Exam	5/23/2024	1	\$60.00	\$0.00	\$60.00
Dakota	L Bennett, D.V.M.	BNP with hydrocortisone (NeoPoly Bac HC) Triple Antibiotic Ophthalmic Ointment with Hydrocortisone	5/23/2024	1	\$24.20	\$0.00	\$24.20
Dakota	L Bennett, D.V.M.	Inhouse Fecal Test	5/23/2024	1	\$27.00	\$0.00	\$27.00
Dakota	L Bennett, D.V.M.	Biohazard Disposal	5/23/2024	1	\$8.00	\$0.00	\$8.00



*Find out if you qualify for a rebate:*  
<https://www.boehringerelheimetrebates.com/#/content/currentoffers>

Subtotal	\$143.65
Tax	\$0.00
<b>Invoice Total</b>	<b>\$143.65</b>
<b>Paid in Transaction</b>	<b>\$143.65</b>
<b>Paid to Date</b>	<b>\$143.65</b>
<b>Amount Remaining</b>	<b>\$0.00</b>

**Receipt Number** 16905  
**Payment Entry Date** 4/29/2024 5:53 PM  
**Amount Paid** **\$293.63**  
**Payment** \*\*CC Visa \$293.63  
 Last 4 of Credit Card:  
 1885  
**Cashier** Suzanne V.

Invoice Number	30184
Date	4/29/2024

Patient	Provider	Description	Date	Quantity	Subtotal	Tax	Total
Dakota	L Bennett, D.V.M.	Exam	4/29/2024	1	\$60.00	\$0.00	\$60.00
Dakota	L Bennett, D.V.M.	Inhouse Fecal Test	4/29/2024	1	\$27.00	\$0.00	\$27.00
Dakota	L Bennett, D.V.M.	Biohazard Disposal	4/29/2024	1	\$8.00	\$0.00	\$8.00
Dakota	L Bennett, D.V.M.	Simplicef 100mg Tab	4/29/2024	10	\$27.20	\$0.00	\$27.20
Dakota	L Bennett, D.V.M.	Carprofen/Vetprofen/Rimadyl 25mg Single Chew Tab	4/29/2024	5	\$18.00	\$0.00	\$18.00
Dakota	L Bennett, D.V.M.	Additional Radiographs	4/29/2024	1	\$55.00	\$0.00	\$55.00
Dakota	L Bennett, D.V.M.	National Adult Wellness w/ HWAG	4/29/2024	1	\$98.43	\$0.00	\$98.43
						Subtotal	\$293.63
						Tax	\$0.00
						<b>Invoice Total</b>	<b>\$293.63</b>
						<b>Paid in Transaction</b>	<b>\$293.63</b>
						<b>Paid to Date</b>	<b>\$293.63</b>
						<b>Amount Remaining</b>	<b>\$0.00</b>

 <https://www.instagram.com/davievetercenterfl/>  
 <https://www.facebook.com/davieveter>



# PET SURGERY CENTER

OF FORT LAUDERDALE

Wed- 12/11 @ 6:45p.  
 2 gabap.  
 Thur. 12/12  
 Carapro @ 11am  
 Cefpo @ 11am  
 Gabap @ 11am  
 Gabap @ 6:15 p.m.

## INVOICE

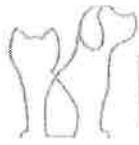
THE PET SURGERY CENTER OF FORT LAUDERDALE  
 16 SE 18th Street  
 Fort Lauderdale Florida 33316  
 Tel: 954-266-8823  
 Email: petsurgeryftl@gmail.com

**Client:**  
 Nicole Haller

**Patient :**  
 Dakota  
 Invoice Date: 11-Dec 2024  
 Invoice Number: 7082

Product / Service	Quantity	Price (Exc)	Tax	Amount
Pre-Surgical Physical Exam/ Review of Records by Surgeon/ Consultation	1.00	75.00	0%	75.00
Bloodwork: CBC (in house)	1.00	52.00	0%	52.00
Bloodwork: Pre-anesthetic Profile (in house)	1.00	100.00	0%	100.00
Femoral Head Ostectomy Package - Canine <50lbs	1.00	1,745.00	0%	1,745.00
~anti nausea injection	1.00	0.00	0%	0.00
~narcotic injection	1.00	0.00	0%	0.00
~premed injection	1.00	0.00	0%	0.00
~fentanyl patch	1.00	0.00	0%	0.00
~IV catheter and peri-operative fluids	1.00	0.00	0%	0.00
~cefazolin injection	1.00	0.00	0%	0.00
~carprofen injection	1.00	0.00	0%	0.00
~anesthesia induction and maintenance initial 30 mins	1.00	0.00	0%	0.00

Product / Service	Quantity	Price (Exc)	Tax	Amount
~anesthesia extended per 15 mins	2.00	0.00	0%	0.00
~anesthesia monitoring	1.00	0.00	0%	0.00
~ operating room supplies	1.00	0.00	0%	0.00
~ radiographs - post operative	1.00	0.00	0%	0.00
~biohazard waste major procedure	1.00	0.00	0%	0.00
~gabapentin 7 day course	1.00	0.00	0%	0.00
~carprofen 5 day course	1.00	0.00	0%	0.00
Cefpodoxime - 7 day course	1.00	46.00	0%	46.00
Elizabethan Collar, Velfast, Small	1.00	35.00	0%	35.00
Radiographs: 2 Views	1.00	0.00	0%	0.00
Carprofen 25mg tablets Give 1 tablet every 12 hours with food starting TOMORROW MORNING	14.00	0.00	0%	0.00
Gabapentin 100mg cap Give 1 capsule every 12 hours starting TONIGHT	28.00	0.00	0%	0.00
Cefpodoxime 100mg tabs Give 1 tablet every 24 hours with food starting TONIGHT	14.00	0.00	0%	0.00
			Subtotal	2,053.00
			<b>TOTAL</b>	<b>2,053.00</b>
			Allocated Credit	2,053.00
			<b>AMOUNT DUE</b>	<b>0.00</b>



# PET SURGERY CENTER

OF FORT LAUDERDALE

## INVOICE

THE PET SURGERY CENTER OF FORT LAUDERDALE  
 16 SE 18th Street  
 Fort Lauderdale Florida 33316  
 Tel: 954-266-8823  
 Email: petsurgeryftl@gmail.com

**Client:**  
 Nicole Haller

**Patient :**  
 Invoice Date: 11-Dec 2024  
 Invoice Number: 7081

Product / Service	Quantity	Price (Exc)	Tax	Amount
Prepayment	1.00	-2,053.00	0%	-2,053.00
			Subtotal	-2,053.00
			<b>TOTAL</b>	<b>-2,053.00</b>
			Allocated Credit	-2,053.00
			<b>AMOUNT DUE</b>	<b>0.00</b>





Davie Veterinary Center  
 5930 State 6th Ave  
 Davie, FL 33314-3340  
 United States  
 +1 (954) 581-4971

GENERATED: 12/19/2024 1:22 PM

**Client Information**

Nicole Haller  
 7481 NW 7 St  
 Plantation, FL 33317  
 +1 (954) 837-3942

**Patient Information**



<u>Name</u>	Dakota	<u>Species</u>	CANINE	<u>Weight</u>	21.8 LBS
<u>Sex</u>	Female Spayed	<u>Breed</u>	BULLDOG/FRENCH BULLDOG (Mixed)	<u>Microchip</u>	90013900060431C
<u>Status</u>	Active	<u>DOB</u>	4/29/2023		
<u>Id</u>	11926	<u>Age</u>	1 year 7 months		
<u>Color</u>	grey	<u>Tag</u>	NONE		

**Weight History**

Date	Weight
4/29/2024	21.8 LBS
4/29/2024	22 LBS

**Reminders**

Description	Due Date
Bordetella Booster	4/27/2025
DAPPI w/Lepto Booster	4/27/2025
Rabies Booster	4/28/2025
Fecal Test (please bring sample)	5/23/2025

Medical Chart from 1/1/2000 - 12/18/2024

Service on 5/23/2024

5/23/2024 1:44 PM Procedure Biohazard Disposal L. Bennett, D.V.M.

5/23/2024 1:44 PM Lab Result 230556 - Inhouse Fecal Test - Fecal Results

Name	Value	Minimum	Maximum	Units	Comments	Comments
Results	0			0-neg/NPS 1=pos	NPS	

5/23/2024 1:44 PM Lab Inhouse Fecal Test L. Bennett, D.V.M.

(NeoPoly Bac HC)with hydrocortisone Triple Antibiotic Ophthalmic Ointment with

5/23/2024 1:38 PM Inventory Item Hydrocortisone 1 tube L. Bennett, D.V.M.

5/23/2024 1:20 PM Procedure Exam L. Bennett, D.V.M.

5/23/2024 1:20 PM Inventory Item NexGard Chew DOGS 24, 1-50 lbs (purple)  
single dose 1 each L Bennett, D.V.M.

Find out if you qualify for a rebate! <https://www.boehringerelheimpetrebates.com/#/content/currentoffers>

5/23/2024 1:01 PM Document Prior Records




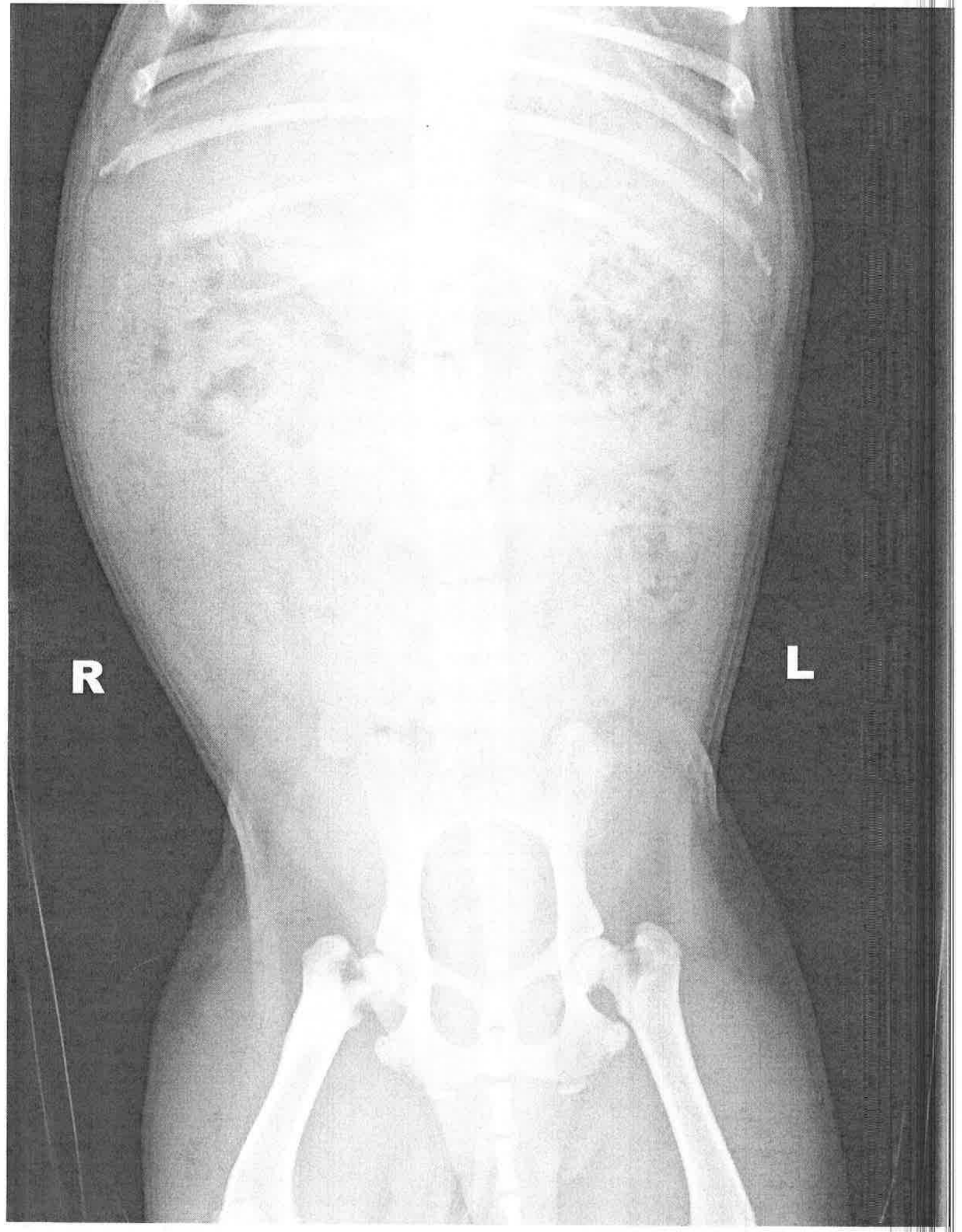
Patient Name: Haller^Dakota      Accession: EVET42952  
Patient ID: 11926      Modality: DX  
Study Date: 20240429      Description: Additional/Recheck Radiographs

[Download Study \(zip 1 files\(s\) totaling 8MB\)](#)   [Cancel](#)

Uncompress Dicom Files    Only Dicom Files    Only JPEG Files    Both

**Note: the success of very large downloads depends on several factors including bandwidth and server load.  
For large studies, you may need to download individual series.**

Series Number	Preview	Description	Modality		
1		Pelvis - VD	DX	<a href="#">Series Files (1)</a>	<a href="#">Download Zip (8MB)</a>



**R**

**L**

4/29/2024 5:56 PM

Exam

Exam Canine

L. Benne L. C. V.M.

TECH Initial: JR

**Technicians Findings/Notes:**

Overall condition of pet: LOW ENERGY

**SUBJECTIVE SECTION**

P presented for EXAM - P will be spayed on Wednesday ay bchs

HX ADOPTED FROM HUMANE SOCIETY YESTERDAY

#21

c/s/v/d N

Eating/Drinking Y

PU/PU WNL

Diet, puppy kibble

HWP, Flea/Tick, HG SAMPLE given

Medications/Supplements, N

**OBJECTIVE SECTION**

BAR

PAL E GUMS

Diagnostics

Fecal Float- HOOKS

HWT- ADULT WELLNESS W/ HW - NATIONAL

**SKIN - CENTRAL RIGHT SHOULDER/BACK**

Lesions

DEAD FLEAS

**MOBILITY (if yes, location)**

Radiographs = +/- (R HIP) bone resorption thinning of femoral neck

**ASSESSMENT SECTION**

Diagnosis:

+/- FHO - RADS TO dr.G

**PLAN SECTION**

PENDING LABS

SPAY W/ BCHS

SIMPLICEF 100 MG 1 T PO SID X 7

CARPROFEN FOR SPAY 25 MG 1 T PO SID X 5 DAYS

TAKE PAYMENT, READY TO BE CHECKED  
OUT

4/29/2024 5:53 PM Procedure

Comments: PER DR BENNETT RESULTS SHOWING ANEMIA// DR BENNETT SAYS IF SHE WAS PERFORMING THE OVH SHE WOULD WAIT 7-8 WEEKS TO PERFORM THE SURGERY

Greywind Partner Lab

Date: 4/30/2024 5:11:08 AM

Order #379312

Accession #24029789

Order By: Lisa Bennett

Test	Normal	Abnormal	Units	Ranges
<b>Serology - SERO</b>				
Hw-Ag ELISA - HWAG	Negative			-
<b>Hematology - HEMA</b>				
Leukocytes WBC - WBC		24.4 HIGH	10 <sup>3</sup> /ul	6.0 - 13.5
Erythrocytes RBC - RBC		3.59 LOW	10 <sup>6</sup> /ul	5.5 - 8.5
Hemoglobin - HGB		8.6 LOW	g/dL	11.5 - 18.9
Hematocrit - HCT		27.4 LOW	%	37 - 55
MCV - MCV	76		um <sup>3</sup>	60 - 77
MCH - MCH	23.9		pg	19 - 27.5
MCHC - MCHC	31.3		g/dL	30 - 38
Seg Neutrophils - SEG%		78 HIGH	%	60 - 77
Band Neutrophils - BANDS%	0		%	0 - 3
Lymphocytes - LYMPH%	15		%	12 - 30
Monocytes - MONO%	3		%	1 - 10
Eosinophils - EOS%	3		%	1 - 8
Basophils - BASO%	1		%	0 - 1
Seg Neutrophils - SEG#		19 032 HIGH	10 <sup>3</sup> /ul	3.00 - 11.50
Band Neutrophils - BAND#	0.000		10 <sup>3</sup> /ul	0.00 - 1.00
Lymphocytes - LYMPH#	3.660		10 <sup>3</sup> /ul	1.0 - 4.8
Monocytes - MONO#	0.732		10 <sup>3</sup> /ul	0.10 - 1.50
Eosinophils - EOS#	0.732		10 <sup>3</sup> /ul	0.10 - 1.49
Basophils - BASO#		0.244 HIGH	10 <sup>3</sup> /ul	0.00 - 0.20
Platelet Count - PLT		667 HIGH	10 <sup>3</sup> /ul	150 - 550
<b>Chemistry - CHEM</b>				
Glucose - GLUCOSE	110		mg/dL	77 - 155
Sodium - NA	145		mmol/L	136 - 160
Potassium - K	4.9		mmol/L	3.6 - 5.3
Chloride - CL	111		mmol/L	98 - 120
Sodium/Potassium - NA_K	30		Ratio	20 - 45
Serum Osmolality - OSMO	300		mosmo/kg	261 - 337
Urea Nitrogen - BUN	14.3		mg/dL	6 - 36
Creatinine - CREA	0.9		mg/dL	0.5 - 1.8
BUN/Creatinine - BC_RATIO	16		Ratio	5 - 43
Total Protein - TPROT		5.4 LOW	g/dL	5.5 - 8.1

Greywind Partner Lab

Date: 4/30/2024 5:11:08 AM

Order #379312

Accession #24029789

Order By: Lisa Bennett

Test	Normal	Abnormal	Units	Ranges
Albumin - ALB		2.0 LOW	g/dL	2.7 - 4.5
Globulin - GLOB	3.4		g/dL	2.5 - 5.3
A/G Ratio - A/G	0.6		Ratio	0.6 - 2.0
Alk Phosphatase - ALP	39		U/L	0 - 175
ALT (SGPT) - ALT	16		U/L	

4/30/2024 9:00 AM

Document

Lab Report



NATIONAL BIO VET LABORATORY  
 10830 SW 104 ST  
 MIAMI, FL 33176  
 305-273-5788  
 INFO@NBVL.CC

Sample # 24029789

TEST RESULTS

Doctor Info	Patient Info	Sample Info
Clinic ID: 339 <b>DAVIE VETERINARY CENTER</b> <b>Lisa Bennett</b> 5930 SW 64th Avenue DAVIE, FL 33314 📞 (954) 581-4971 📠 (954) 581-4974	<b>ID:</b> 1703210 <b>Family:</b> Haller <b>Pet:</b> Dakota <b>Age:</b> 1 y <b>Sex:</b> Female <b>Species:</b> Canine	<b>Sample#</b> 24029789 <b>Drawn Date:</b> 04/29/2024 <b>Received Date:</b> 04/30/2024 <b>Report Date:</b> 04/30/2024

CHEMISTRY

Status: FINAL

Test	Normal	Abnormal	Units	Ranges
Glucose	110		mg/dL	77-155
Sodium	145		mmol/L	136-160
Potassium	4.9		mmol/L	3.6-5.3
Chloride	111		mmol/L	98-120
Sodium/Potassium	30		Ratio	20-45
Serum Osmolality	300		mosmo/kg	261-337
Urea Nitrogen	14.3		mg/dL	6-36
Creatinine	0.9		mg/dL	0.5-1.8
BUN/Creatinine	16		Ratio	5-43
Total Protein		5.4 L	g/dL	5.5-8.1
Albumin		2.0 L	g/dL	2.7-4.5
Globulin	3.4		g/dL	2.5-5.3
A/G Ratio	0.6		Ratio	0.6-2.0
Alk Phosphatase	39		U/L	0-175
ALT (SGPT)	16		U/L	<130

HEMATOLOGY

Status: FINAL

Accession #24029789



Test	Normal	Abnormal	Units	Ranges
Leukocytes WBC		24.4 H	10*3/ul	6.0-13.5
Erythrocytes RBC		3.59 L	10*6/ul	5.5-8.5
Hemoglobin		8.6 L	g/dL	11.5-18.9
Hematocrit		27.4 L	%	37-55
MCV	76		um3	60-77
MCH	23.9		pg	19-27.5
MCHC	31.3		g/dL	30-38
Seg Neutrophils		78 H	%	60-77
Band Neutrophils	0		%	0-3
Lymphocytes	15		%	12-30
Monocytes	3		%	1-10
Eosinophils	3		%	1-8
Basophils	1		%	0-1
Seg Neutrophils		19,032 H	10*3/ul	3,00-11,50
Band Neutrophils	0.000		10*3/ul	0.00-1.00
Lymphocytes	3.660		10*3/ul	1.0-4.8
Monocytes	0.732		10*3/ul	0.10-1.50
Eosinophils	0.732		10*3/ul	0.10-1.49
Basophils		0.244 H	10*3/ul	0.00-0.20
Platelet Count		667 H	10*3/ul	150-550

SEROLOGY

Status: FINAL

Test	Normal	Abnormal	Units	Ranges
Hw-Ag ELISA	Negative			Negative

Accession #24029789

4/29/2024 5:24 PM	Lab	National Adult Wellness w/ HWAG	L Bennett, D.V.M.
4/29/2024 5:24 PM	Procedure	Additional Radiographs	L Bennett, D.V.M.
4/29/2024 5:24 PM	Imaging Study	Additional Radiographs	L Bennett, D.V.M.
4/29/2024 4:53 PM	Inventory Item	Carprofen/Vetprofen/Rimadyl 25mg Single Chew Tab 5 tablet	L Bennett, D.V.M.
4/29/2024 4:53 PM	Inventory Item	Simplicef 100mg Tab 10 tablet	L Bennett, D.V.M.
4/29/2024 4:53 PM	Procedure	Biohazard Disposal	L Bennett, D.V.M.
4/29/2024 4:53 PM	Lab Result	230556 - Inhouse Fecal Test - Fecal Results	

<u>Name</u>	<u>Value</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Units</u>	<u>Comments</u>	<u>Comments</u>
Results	1			0-neg/NPS 1=pos	Hooks	

4/29/2024 4:53 PM	Lab	Inhouse Fecal Test	L Bennett, D.V.M.
4/29/2024 4:53 PM	Procedure	Exam	L Bennett, D.V.M.
4/29/2024 4:00 PM	Reason for Visit	b/work (send out), fecal, h/worm	

**Davie Veterinary Center**

5930 SW 64th Ave  
Davie, FL 33314-3340  
United States  
TEL/TEXT: +1 (954) 581-4971  
hello@davievetcenter.com

**Consent for Emergency Treatment**

Document generation date: Wednesday, May 22, 2024

Patient ID number: 11926  
Patient Name: Dakota Haller  
Age: 1 year Sex: FS Breed: BULLDOG/FRENCH BULLDOG (Mixed) Species: CANINE

I am the owner/agent for the patient and have authority to complete this consent.

I understand that during the performance of the treatment, procedure(s) or surgery unforeseen conditions may occur that necessitate an extension of the treatment.

I authorize the performance of procedure(s) or surgery deemed necessary by Dr. Bennett's professional judgment.

I also authorize the use of appropriate anesthetics, antibiotics, vaccines and pain medications as deemed appropriate by Dr. Bennett.

I realize that results cannot be guaranteed and that the use of anesthetics, medications and/or surgery can result in complications, including death.

I authorize pre-anesthetic bloodwork, if necessary, as this allows us to have the best assessment of your pet's overall health and assist us in selecting the safest treatment procedures.

Charges depend on treatment/services actually rendered. Reasonable attempts will be made, in advance, to obtain approval for additional services.

I understand that I am financially responsible for all charges incurred in the treatment of Dakota.

I understand that payment in full is required at the time of my pet's discharge.  
I have read and do understand this consent.

Signature of Owner/Agent

\_\_\_\_\_  
Nicole Haller

Best phone number to reach you at today: +1 (954) 837-3942  
(Please make sure we have a number where we will be able to get a response within minutes of us texting or calling)

Tech- AM

Drop off exam- Presented for check eyes.

O got P about a month ago, O says doing good since OVH. Noticed eye past week rec and irritated. O says P does not paw or scratch at eye, no eye discharge.

Recheck fecal because positive last time for hooks

Fecal- Neg.

RX- NexGard to poss kill mange.

Neo poly bac HC- Apply around eyes once or twice daily for next 5 days for irritation.

5/23/2024 8:50 AM Reason for Visit check eye

Service on 5/22/2024

5/22/2024 9:17 PM Document \*Consent Treatment



Hi! My name is

**DAKOTA**

(A2357391-DOG)

**I'm Available For Adoption!**

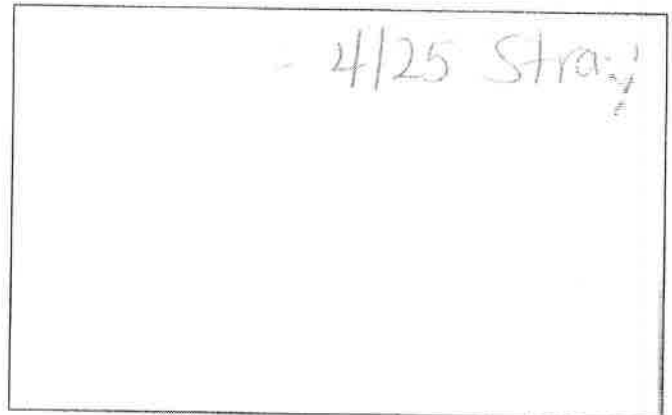
**About Me:**

I'm a spayed female

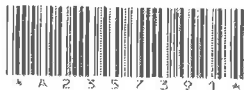
I'm a Young Adult

I weigh 21 pounds

I've been here since 4/27/2024



Microchip No. 900139000604310



There is no guarantee of this animal's age, behavior, health, breed, or compatibility with other pets. All of the information obtained for each pet is based upon information given to us by the previous owner or behaviors that have been observed while the pet has been under our care. Please note, this may not reflect how they will act in your home environment. Upon adoption, you are assuming full responsibility financially and otherwise for all future care and ownership of this animal.

# RABIES VACCINATION CERTIFICATE



**Rabies Vaccination Date:** 04/28/2024

**VETERINARY CLINIC**

Broward County Animal Care and Adoption  
2400 SW 42nd Street  
Ft Lauderdale, FL 33312  
(954) 359-1313

**OWNER OF ANIMAL**

Name: NICOLE SCHWEIGHARDT-HALLEI  
Address: 7481 NW 7 ST  
City/State/Zip: PLANTATION, FL 33317  
Phone: (954) 837-3942

*This is to certify...*

**THAT THE FOLLOWING ANIMAL HAS BEEN VACCINATED AGAINST RABIES.**

***Patient Information:***

Pet ID #: A2357391

Patient: DAKOTA

Species: DOG

Breed: FRENCH BULLDOG

Color: BROWN

Age: 1 yr 2 mos

Sex: SPAYED FEMALE

Tag No: L24-383250

Date Issued: 04/28/2024

Tag Expiration: 04/28/2025

License Type: LICENSE ADPT

***Rabies Vaccination Information:***

Vaccine Product Name: RABVAC

Term: 12 Months

Lot Expiration: 102224

Lot number: E066735A

Veterinarian: G000517

**Next Rabies Vaccination Due:** 04/28/2025

Veterinarian Signature: 



**Broward County Animal Care and Adoption Division**

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



**MEDICAL HISTORY REPORT**



Animal ID#

Name

A2357391

DAKOTA

Breed

FRENCH BULLDOG

Color

BROWN

Age

1 YR/3 MOS

**Date of birth** February 28, 2023

**As of:** 5/1/2024

**Sex:** SPAYED FEMALE

**04/27/2024**

Condition: SEE DIAG

Weight: 22.50

Treated by:

Visit Type / Reason

Treatments

Medications

EXAM

BORDETELLA INTRAN/ NA  
DAPPV L4 NA  
PARVOTEST NEGATIVE

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

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

Comments

\*

History: stray found with a deceased patient. No c/s/v/d reported. Drinking water

TPR: not able to obtain

Physical Examination

General Appearance: QAR

Eyes: no abnormalities noted

Ears: no abnormalities noted

Oral: mm pink and dry, crt<2 sec

Cardio/Respiratory: no abnormalities noted

Musculoskeletal: no abnormalities noted

Neurologic: no abnormalities noted

Lymphatic: no abnormalities noted

Skin: left shoulder 2cm x 2cm ulceration, numerous fleas

Abdomen: no abnormalities noted

Urogenital: no abnormalities noted

Diagnostics: parvo test negative

Assessment- no obvious signs of illness at this time of presentation. Mildly dehydrated. Will continue to monitor

Treatment: LRS 200ml sq. Strongid 2.5ml po, da2pL sq rf, bord IN. Credelio, interceptor PO

Post for rescue

Prevention for heartworm and intestinal parasites is provided monthly while in the shelter

04/28/2024

Condition: SEE DIAG

Weight: 22.40

Treated by: 1120824

Visit Type / Reason

Treatments

Medications

TREATMENT

1.00 ML CONVENIA INJ, 1x per day for 1 day(s)

Comments

\* 1 ml convenia SQ per G000517

Wound located on left shoulder, flushed and cleaned.

04/28/2024

Condition: SEE DIAG

Weight:

Treated by: G000517

Visit Type / Reason

Treatments

Medications

TREATMENT / RABIES VACCINE 1 YEA NA

Comments

\* G000517

RABVAC Serial #E066735A

Exp: 10/22/24

05/01/2024

Condition: SEE DIAG

Temp: 100.10 Weight: 21.00

Treated by: 1131609

Visit Type / Reason

Treatments

Medications



SURGERY / ADOPTION IDEXX HEARTWORM S NEGATIVE  
SMART MICROCHIP NA  
SPAY/DOG NA

0.94 ML CERENIA INJ, 1x per day for 1 day(s)

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

T-K-X, 1x per day for 1 day(s)

**Comments**

\* G000620

\*cerenia inj 0.94 ml

Anesthesia was induced using an injectable combination of sedatives

Maintenance: endotracheal tube, isoflurane

Patient was aseptically prepared for surgery. A ventral midline skin incision was made and extended through subcutaneous tissue and abdominal wall. The ovarian pedicle and uterine body were exteriorized, ligated and inspected for bleeding. The rectus fascia and the subcutaneous tissue were sutured. An intradermal pattern with absorbable monofilament suture was used to suture skin. Tissue glue was applied to incision. A green tattoo was applied on the abdomen to indicate patient has been sterilized. A microchip was inserted.

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.

---

05/01/2024

Condition: SEE DIAG

Temp: 100.10 Weight: 21.00

Treated by: 1131609

Visit Type / Reason    Treatments

Medications

MED RELEASE / ADOPT

Comments

# MICROCHIP CERTIFICATE



## VETERINARY CLINIC

Broward Co. Animal Care & Adoption  
2400 SW 42nd Street  
Ft Lauderdale, FL 33312  
(954) 359-1313

## OWNER OF ANIMAL

Name: NICOLE SCHWEIGHARDT-HALLER  
Address: 7481 NW 7 ST  
City/State/Zip: PLANTATION, FL 33317  
Phone: (954) 837-3942

*This is to certify...*

**that the animal described below has received a microchip identification implant**

### *Patient Information:*

Pet ID #:	A2357391	Microchip:	900139000604310
Patient:	DAKOTA	Date Issued:	04/28/2024
Species:	DOG	Age:	1 YEAR 3 MONTHS
Breed:	FRENCH BULLDOG	Sex:	Spayed Female
Color:	BROWN		

### **Microchip Manufacturer Information:**

The brand of microchip your pet has is **MC SMART TAG**

### **How do microchips work?**

Microchips have a unique number. When a handheld scanner is moved over the animal's body the scanner can read the number on the microchip. The microchip company is then called and the number given to the operator. The operator is then able to look in their database for the pet's information. Most veterinary offices, shelters and humane society's now have scanners and use them on all animal's that come in their doors.

If your address or phone number changes, it is important that you update your contact information with us as well as Found Animals.

**Your pet's microchip requires to be manually activated by visiting their website: <https://www.idtag.com/user/register>. It's best to contact the microchip company to verify that the correct information is on file.**

If your address or phone number changes, it is important that you update your contact information with us as well as your pet's microchip company.

You can update your information with us by visiting our website at <https://webapps.broward.org/PetsLicense/PetUpdate.aspx>

**While microchipping is a great way for you to protect your pet should they become lost, it is very important that your pet wear a collar, rabies license and identification tag at all times. Research has proven that visible ID tags with the owner's name and phone number**



**ANIMAL CARE & ADOPTION DIVISION**

Fort Lauderdale Shelter

2400 Southwest 42 Street,

Ft. Lauderdale, FL 33312

954-359-1313 -- Fax 954-359-6294

**RECEIPT**

Receipt Number: **R24-473660**

Receipt Date: **05/01/2024**

PID: **P0706298**

Phone: (954) 837-3942

NICOLE SCHWEIGHARDT-HALLER  
7481 NW 7 ST  
PLANTATION FL 33317

Item:	Animal ID:	Reference No:	Cashier Code	Price:	Each:	Amount
MC SMART TAG	A2357391	900139000604310	6030-4642	\$ .00	1	\$ .00
LICENSE ADPT	A2357391	L24-383250	6030-4641	.00	1	.00
ADOPT-ONSITE	A2357391		6030-4642	50.00	1	50.00
ADOPTPROMO	A2357391		6030-4642	-50.00	1	-50.00

Total Fees Due:

Payments:

Total Payments Received: \$0.00

**Thank You!**

Change: \$0.00  
Balance Due: \$0.00



**Animal Information:**

A2357391 DAKOTA - 1 Year 2 Months of age, S FRENCH BULLDOG, BROWN, DOG

**License Information:**

License No:	License Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
9001390006		A2357391				\$0.00	MC SMART TAG
L24-383250	04/28/2025	A2357391	04/28/2024	12	4/28/2025	\$0.00	LICENSE ADPT

Total License Fees: \$0.00

**Kennel Information:**

Animal ID:	Activity No:	Intake:	Outcome:	In Type:	Out Type:
A2357391		4/27/2024		STRAY	ADOPTION

**MAKE SURE YOUR PET WEARS ITS PET LICENSE --- IT'S YOUR PET'S TICKET HOME**

VISIT OUR WEB SITE AT [WWW.BROWARD.ORG/ANIMAL](http://WWW.BROWARD.ORG/ANIMAL)

Clerk: RELOPEZ

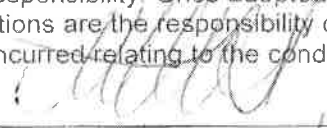
FT LAUD

Transaction Date: 2024/05/01 15:06:07.48

\* Brachycephalic Airway Syndrome

This patient is adoptable with a medical release due to brachycephalic airway syndrome that commonly affects this breed. The upper airway abnormalities that occur in this syndrome include narrowing of the nostrils, an elongated soft palate, a hypoplastic trachea and everted laryngeal saccules. Any of these upper airway abnormalities can cause difficulty breathing. It is imperative that exercise is restricted, stressful or too exciting situations are avoided, as well as hot or humid conditions. This patient should always be kept in an air-conditioned place. Any interested adopters must make an appointment with their own veterinarian for evaluation of patient to determine the best course of treatment. Adopter has 2 days to make arrangements for said procedures. Treatment of all medical conditions affecting this patient currently, or that patient may develop in the future is the adopter's responsibility. Once adopted, any and all bills and expenses incurred relating to this and any other conditions are the responsibility of the adopter. BCAC will not be responsible for any bills or expenses incurred relating to the condition of this patient.

Signature



Date

5-7-2024

\* 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: 

Date: 5-7-2024

05/01/2024

Condition: SEE DIAG

Temp: 100.10 Weight: 21.00

Treated by: 1131609

Visit Type / Reason

Treatments

Medications

MED RELEASE / ADOPT

Comments



# COMPLIMENTARY VET VISIT

WITH YOUR ADOPTION TODAY: You have a 14-day grace period during which one of our partnering veterinarians, listed below, will treat the defined minor medical conditions at no cost to you! In addition, they will provide the necessary medication(s) pertaining to these conditions at the time of visit. FIV/FELV testing is not included with this visit.

MINOR MEDICAL CONDITIONS SHALL BE DEFINED AS: (1) Upper Respiratory Infection/Kennel Cough; (2) Diarrhea (excluding Parvo); (3) Vomiting (excluding Parvo); (4) De-worming; (5) Minor skin conditions (excluding sarcoptic and demodectic mange); (6) Urinary Tract Infection; (7) Suture Removal.

**You must make an appointment. Emergency care not included.**

At the time of your appointment bring your pet's adoption paperwork (including your pet's medical history) to your visit with the partnering veterinary clinics listed below:

Deer Run Animal Hospital  
(954) 421-2244  
3360 W Hillsboro Blvd.,  
Deerfield, FL 33442

Mon., Wed., Fri.:  
8:00 AM - 5:00 PM  
Tues., Thurs.:  
8:00 AM - 6:00 PM  
Sat.:  
8:00 AM - 12:00 PM

Scarbrough Animal Hospital  
(954) 749-9400  
2720 N University Dr.,  
Sunrise, FL 33322

Mon. - Fri.:  
7:00 AM - 6:00 PM  
Sat.:  
8:00 AM - 12:00 PM

VCA Hollywood Animal Hospital  
(954) 920-3556  
2864 Hollywood Blvd.  
Hollywood, FL 33020

Mon. - Sat  
7:30 AM - 7:00 PM

To Schedule an appointment on line visit  
<https://vcahospitals.com/hollywood>  
WoofWare code 1.5530

- If a serious medical or behavioral problem should develop that would require extensive or costly treatment, it will be your decision to have the pet treated at your own expense or return the pet to Broward County Animal Care. Furthermore, serious medical or behavioral conditions that require extensive and costly treatment will not be treated by Broward County Animal Care or any of the partnering veterinarians listed above under the complimentary vet visit agreement.
- Your newly adopted pet has been treated with Flea/Tick preventatives by our veterinary team prior to adoption. Please be advised that if you discover fleas and/or ticks on your newly adopted pet, it is not considered a medical "condition" but rather a monthly maintenance for you to purchase flea/tick, heartworm and intestinal parasite preventatives from a veterinary office or local pet store at your own cost.
- Broward County Animal Care has conducted a basic medical exam and administered initial boosters for each pet based on age and current health status. Additional vaccine boosters, exams and/or tests may be recommended at the time of your visit by one of the partnering veterinarians listed above; if elected to proceed with service outside the defined medical conditions, cost will be accrued without expectation of reimbursement from Broward County Animal Care.
- While our staff makes every effort to assess and accurately report the health of your new pet, specific symptoms can be especially difficult to detect in a shelter environment, or do not present at all while an animal is in our care. To avoid possible cross contamination, we recommend you keep your newly adopted pet quarantined from your other pets for the first 14 days post adoption. This will also help your newly adopted pet adjust and decompress in their new surroundings.

I UNDERSTAND THAT AN EXAMINATION AND SUBSEQUENT TREATMENT FOR THE DEFINED CONDITIONS LISTED ABOVE, AS PROVIDED BY ANY ONE OF THE PARTNERING VETERINARIAN CLINICS, IS AT NO CHARGE TO ME. SHOULD I BE REQUESTED TO PAY FOR THIS SERVICE, I WILL POLITELY DECLINE AND CONTACT BROWARD COUNTY ANIMAL CARE FOR ALTERNATIVE RESOURCES. I HAVE READ AND UNDERSTAND THE POLICY OUTLINED IN THIS FORM.

ADOPTER'S SIGNATURE: Nicole Schweighardt-Halle  
ADOPTER'S NAME (PRINTED): NICOLE SCHWEIGHARDT-HALLE

DATE: 5-7-2024



Adopter Name & PID: NICOLE SCHWEIGHARDT-HALLE

Animal Name & AID DAKOTA (A2357391)

**THE ADOPTER AGREES TO COMPLY WITH THE FOLLOWING REQUIREMENTS:**

(Check each box)

- (we) declare that I (we) have not been convicted of a charge related to cruelty, neglect, or abandonment to animals and that no such charge against me is currently pending.
- I understand Broward County Animal Care and Adoptions (BCACAD) may refuse an adoption at any time for any reason.
- I understand that I am assuming all financial responsibility and I will not expect financial reimbursement for any expenses incurred, including veterinary services.
- I agree all pets adopted from the shelter will be spayed or neutered.
- I understand that Florida state law requires all animals adopted from a shelter be altered. I understand that violation of this article subjects me to a civil penalty and that I may be compelled to comply with the provisions of the article above. If my animal cannot be altered due to medical reasons, I agree to have my animal sterilized by the specific due date in the Spay/Neuter Adoption Agreement.
- I agree to take my new pet to my own veterinarian within 10 days of adoption.
- I understand BCACAD does not know the medical, vaccination, or genetic history of the animals. A pet may have been exposed to disease or have genetic problems that the shelter is unable to detect. A pet adopted here may or may not have been seen by one of our veterinarians. BCACAD makes no guarantees about the health of adopted pets.
- I understand that although BCACAD records behavior information on pets while they are at BCACAD, BCACAD makes no guarantees about the behavior or temperament of any animal.
- I agree to meet the physical and behavioral needs of this animal daily and to provide preventative veterinary treatment and other medical care as needed.
- I will make sure my pet is always wearing a collar and identification tags.
- I agree to abide by all state and local laws regarding pets where I live, including requirements for rabies vaccinations and pet registration or licensing, as well as any "leash laws," tethering, shelter or noise-prevention rules.
- I agree to bring the pet back to BCACAD if I can't keep him or her, or find a responsible, caring new home and to alert the BCACAD I have found this animal a new home.
- I understand that while BCACAD carefully monitors all animals, BCACAD may have limited knowledge of their behavioral and medical backgrounds. BCACAD makes no warranties or representations regarding the animal's health, behavior, temperament, age or breed. I further understand that environmental changes may affect and change the temperament of the above-named animal and that BCACAD has no liability or responsibility of any nature regarding defects with the animal, or injuries or damage to any person or property which may be caused by the animal. I, the adopter, agree to indemnify and hold harmless BCACAD, its members, officers, directors, agents, and their heirs, administrators, executors, successors and representatives against any and all claims, known or unknown, nor or hereafter in connection with this animal.

I, the Adopter, have read the adoption rules and conditions set forth and understand each of them and agree to abide by them.

Signature [Handwritten Signature] Date 5-7-2024

Print Full Name NICOLE SCHWEIGHARDT-HALLE







