



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



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

Date: \_\_\_\_\_

Name: POPO PITBULLS RESCUE

Address: 1136 NE 17<sup>th</sup> WAY  
FORT LAUDERDALE FL 33304

Re: Animal Care Advisory Sub-Committee Trust Fund Reimbursement

Dear Sir or Madam;

Thank you for contacting Animal Care and Adoption Animal Care Sub-Committee Trust Fund.

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

1. Trust Fund Rules
2. Copy of **all invoices** marked **paid**
3. **Medical history** from your vet where your animal was treated, **including test results**
4. Completed **Chronological History Timeline** (form attached)
5. **An affidavit** / letter or e-mail stating that you have not received any money (**including donations**) from 3<sup>rd</sup> party to pay for these bills
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

NAME	POPO PITBULLS RESCUE (CLARE CORNISH)
Address	1130 NE 17th WAY, FORT LAUDERDALE, FL 33304
Telephone Number	954-294-6859
Animal Name	ROSE
Animal ID#	A2307560
Date of adoption	12/1/2024

Chronological History Timeline:

Date: 10/9 2024

ROSE ARRIVED AT SHELTER - BROUGHT IN AS A SPRAY  
 HER MEDICAL NOTES DETAIL NERVOUSNESS BUT NO MENTION OF  
 EAR ISSUES OR SKIN ISSUES

Date: 11/1 2024

ROSE WENT TO FOSTER HOME THROUGH SHELTER

Date: 12/1 2024

ROSE WAS TRANSFERRED TO POPO PITBULLS.  
 OUR FOSTER MOM NOTED ROSE WAS SUFFERING FROM SORES ALL  
 OVER HER BODY & PAWS & WAS IN DISCOMFORT  
 SHE WAS ALSO EXPERIENCING EAR DISCOMFORT

Date: 12/5 2024

ROSE WENT TO OUR RESCUE VET WHERE SHE WAS DIAGNOSED  
 WITH A SEVERE SKIN INFECTION & EAR INFECTIONS IN BOTH EARS.  
 HER EARS WERE FLUSHED OUT, SHE RECEIVED SKIN INJECTIONS.  
 NEITHER SKIN NOR EAR ISSUES WERE MENTIONED ON HER NOTES  
 FROM THE SHELTER. FROM HER NOTES IT APPEARS THEY WERE NOT  
 EXAMINED ON INTAKE.



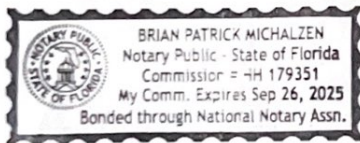
NAME: <u>POPU PITBULLS RESCUE</u>	
Address: <u>1130 WESTWAY, FORT LAUDERDALE FL 33304</u>	
Telephone Number: <u>954-294-6859</u>	
Animal Name: <u>ROSE</u>	
Animal ID#: <u>A2387560</u>	
Date of adoption: <u>12/1/2024</u>	

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

CLAIRE CORNISH RR POPU PITBULLS

Print Name:

[Signature]  
Signature:



**FOR AN ACKNOWLEDGMENT IN AN INDIVIDUAL CAPACITY:**  
 STATE OF FLORIDA  
 COUNTY OF Broward  
 The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of Dec, 2024  
 by: Claire Cornish  
 (Signature of Notary) [Signature]  
 (NOTARY SEAL) (Name of Notary) Brian Patrick Michalzen  
 Personally Known \_\_\_\_\_ OR Produced Identification: Volunteer Animal Care  
 Type of Identification Produced: Volunteer Animal Care

#164464

