



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



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Date: 11/2/2024

Name: POPO PITBULLS INC.

Address: 1138 WENINGWAY
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 3rd 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	PUPO PITBULL IN
Address	1136, NE TIMWAY, SURREY, BRITAIN, NO. 33314
Telephone Number	954-294-6859
Animal Name	ARIANA
Animal ID#	A 2894 539
Date of adoption	11/21/24 (Rescue)

Chronological History Timeline:

Date: 11/14/2024

ARIANA ENTERED SHELTER.
SHE WAS EXAMINED BY CLINIC, NO ABNORMALITIES NOTED FOR URUGENITAL.
ISSUE WITH REAR LEG & HEART MURMUR NOTED BUT WITHIN URUGENITAL.

Date: 11/21/2024

ARIANA LEFT SHELTER
AS SHE WAS LEAVING SHE PEED IN LOBBY. OUR VOLUNTEER REPORTED SHE PEED BLOOD.
HANNAH FROM RESCUE EMAILED ME TO SAY BLOOD IN PEE ON LEAVING BUT THIS HADN'T BEEN NOTED BY STAFF OR IN HER MEDICAL NOTES.

Date: _____ 2024

FOSTER PARENT REPORTED MORE BLOOD & THAT ARIANA SEEMED TO BE IN PAIN WHEN SHE PEED AND PEENING ALOT.

ARIANA SAW OUR VET & WAS DIAGNOSED WITH A "RAGING" URINARY TRACT INFECTION THAT SHOULD HAVE BEEN NOTED AT SHELTER AS ARIANA WAS HOUDED IN CLINIC.
GIVEN TESTS & MEDS - NO URINARY ISSUES NOTED ON HER SHELTER NOTES.

Date: _____ 2024

NAME: POPO PITBULLS	POPO PITBULLS INC
Address: 1138 NE 117th Way, Fort Lauderdale FL 33304	
Telephone Number: 954 294-6859	
Animal Name ARIANA	
Animal ID# A2394559	
Date of adoption: 11/21/24.	

RESCUE

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

CLAIRE CORNISH, PRESIDENT,

Print Name: POPO PITBULLS.

Claire Cornish

Signature:



FOR AN ACKNOWLEDGMENT IN AN INDIVIDUAL CAPACITY:
 STATE OF FLORIDA
 COUNTY OF Broward
 The foregoing instrument was acknowledged before me this ___ day of ___, 20__.
 by Claire Cornish Brian Patrick Michalzen
 (Signature of Notary)
 (Name of Notary)
 (NOTARY SEAL) Brian Patrick Michalzen
 Personally Known _____ OR Produced Identification: Ariana Lane Volunteer
 Type of Identification Produced: Ariana Lane Volunteer

#164464

2:03

◀ Mail

5G



Chewy Vet Care Coral Springs
2920 N University Drive, Coral Springs FL
+17542278971

Invoice

I-00002369
11/21/2024

For:

Claire Cornish 1138 NE 17TH WAY, FORT LAUDERDALE FL 33304-2432 | +19542946859 | clazmanandevill@yahoo.com
Ariana -8 yr | F | Shin Tzu | Grey and White | 13.82 lb [11/21/2024]

You could have saved **\$75.00** with a membership plan, ask us about it today!

	Quantity	Tax	Discount	Total
Exam - sick visit New patient for Ariana with Claire Cornish 11/21/2024				
Exam - Accident or Illness Comprehensive	1			\$75.00
Conversia 80.0 mg/mL Vial Injectable (80.0 mg/mL) Per 1 mL	0.65			\$34.04
Urinalysis - Specific Gravity Only - In-house Internal SR117	1			\$32.00
UA14 Zetec VETSCAN Analyzers (Abaxis) UA14	1			\$69.00
				Ariana's subtotal: \$260.04

Printed 12/16/2024 at 2:02 pm

Subtotal	\$260.04
Discount	(\$0.00)
Tax	\$0.00
Service fee	\$0.00
Invoice total	\$260.04
Paid by Claire Cornish 11/21/2024 Visa 7071	\$260.04
Invoice total due	\$0.00
Updated account balance as of 11/21/2024	\$0.00

Condition: SEE LINK
0.12 MG/ML BUP
Treatments
METACAM INJECTABLE, 1x per day for 1
/Reason
/t

3:43

5 Messages

Ariana pick up

< Inbox
ANC Transfer

To: Claire, ANC >
11/21/24

Morning again Claire,

I just wanted to let you know that I heard when Ariana was picked up she urinated in the lobby and there was some blood noted in the urine. We did not make any note of this while she was here (I attached her medical if you need it) so wanted to let you know in case the vet needs to check her out.





Broward County Animal Care and Adoption Division

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

MEDICAL HISTORY REPORT



Animal ID# A2394559 **Name** ARIANA
Breed SHIH TZU / MIX
Color BLK/WHITE
Age UNK **Date of birth**
As of: 11/21/2024 **Sex:** FEMALE

11/14/2024 Condition: IMPOUND Weight: Treated by: 3128

Visit Type / Reason **Treatments** **Medications**

FIELD INTAKE

Comments

* Brought Injured Dog to the Clinic. Didn't vaccinate.

11/14/2024 Condition: SEE DIAG Weight: 15.00 Treated by:

Visit Type / Reason **Treatments** **Medications**

TREATMENT

0.12 MG/ML BUPREN .3 INJ, 1x per day for 1 day(s)

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

Comments

* History: Allegedly found as stray by citizen. ACO brought in.

Physical Examination

General Appearance: BAR

Eyes: no abnormalities noted

Ears: Fur in ear canals + brown debris build up AU

Oral: Moderate periodontal disease

Cardio/Respiratory: Grade V/VI heart murmur, louder on left. Eupneic.

Musculoskeletal: hind right leg deviated laterally at level of mid femur. Non weight bearing hind right leg lameness.

Skin: severely overgrown nails, severely matted coat.

Abdomen: no abnormalities noted. Scar consistent with spay mid ventral abdomen.

Urogenital: no abnormalities noted

Assessment:

Based on palpation suspect right femoral fracture. X-ray machine out of service at this time to verify and assess for other injuries.

Grade V murmurs-suspect degenerative mitral valve disease vs other cardiomyopathy

Treatment:

Administered 0.4 mL buprenorphine (0.3mg/mL) IM for pain management (bottle #371)

Administered meloxicam 0.28 mL SQ for pain management

Nails trimmed

Plan:

Post for rescue. In meantime, continue pain management with 0.4 mL buprenorphine IM SID x 5 days + oral meloxicam PO SID x 14 days + 100 mg gabapentin PO BID x 14 days.

Take radiographs as soon as feasible.

11/15/2024	Condition: SEE DIAG	Weight: 15.00	Treated by:
<u>Visit Type / Reason</u>	<u>Treatments</u>	<u>Medications</u>	
TREATMENT		0.07 MG/ML BUPREN .3 INJ, 2x per day for 5 day(s)	
<u>Comments</u>			
* Buprenex 0.22ml (0.3mg/ml) sq bid for 5 days			

11/17/2024	Condition: SEE DIAG	Weight: 15.00	Treated by: 0859660
<u>Visit Type / Reason</u>	<u>Treatments</u>	<u>Medications</u>	
TREATMENT	BORDETELLA INTRANAS. NA DAPPV L4 NA		