



RESILIENT ENVIRONMENT DEPARTMENT
Animal Care Division
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

This is to confirm payment made payable to Lori Savage-Amzand (Claimant) from Broward County's (check applicable)

- Animal Care General Trust Fund
 Animal Care Bite Victim Trust Fund

This payment of \$424.65 was ordered by Broward County's Animal Care Advisory Committee Subcommittee/Animal Care and Adoption Trust Fund Committee on May 30, 2024 and is now being relinquished to you.

ACKNOWLEDGMENT AND ASSIGNMENT: I HEREBY ACKNOWLEDGE THAT I AM RECEIVING THE AFOREMENTIONED AMOUNT FROM A BROWARD COUNTY FUND AS REIMBURSEMENT FOR EXPENSES INCURRED BY ME RELATED TO A DOG OR CAT IN BROWARD COUNTY. BY SIGNING THIS RELEASE FORM, I HEREBY AGREE THAT THE FOREGOING AMOUNT IS THE AMOUNT INCURRED BY ME FOR WHICH I HAVE NOT BEEN REIMBURSED FROM ALTERNATE FUNDING SOURCE(S) INCLUDING, BUT NOT LIMITED TO, GO FUND ME, KICKSTARTER, PLUMFUND, ETC. ADDITIONALLY, I AGREE TO ASSIGN ALL OF MY RIGHTS, TITLE, AND INTEREST TO ANY FUNDS RECEIVED AFTER THIS DATE AS REIMBURSEMENT FOR THE AFOREMENTIONED EXPENSES TO BROWARD COUNTY. ANY FUNDING RECEIVED AFTER THIS DATE SHALL BE PAID BY ME TO BROWARD COUNTY TO BE DEPOSITED IN THE ANIMAL CARE GENERAL TRUST FUND OR THE ANIMAL CARE AND ADOPTION VICTIM TRUST FUND, AS APPLICABLE, TO BE USED FOR REIMBURSEMENT PAYMENTS TO OTHER CLAIMANTS.

Received by: Lori Savage-Amzand 6/19/2024
Claimant Date

**Broward County Animal Care Advisory Committee
Trust Fund Sub-Committee Meeting, May 30, 2024
Meeting Minutes**

A meeting of the Animal Care Advisory Trust Fund Sub-committee was held on Thursday, May 30, 2024, at the Broward County Animal Care shelter, 2400 SW 42nd Street, Fort Lauderdale, FL. Grace Johns, Chair, called the meeting to order at 4:35 pm.

1. Roll Call

Present: Grace Johns, Danny Finkelstein, Kelly Kandibovich, and Cherie Cohn

Absent: Lisa Feinstein

There was a quorum.

Broward County Animal Care and Adoption Division (County): Doug Brightwell, Director, Alyssa Dazza, Assistant Director, Johanne Lugo, Administrative Coordinator, Girlande Bertrand, Business Manager

- 2. Cases Requesting Reimbursement** - Each of the two cases presented to the sub-committee was reviewed and discussed. The table below provides the relevant information regarding the sub-committee's decisions related to these cases.

Case Name	Amount Requested (a)	Reimbursement Motion	Seconded	Vote	Result
Lori Savage-Amzand	\$870.65	Cherie Cohn to approve \$424.65	Grace Johns	4-0	Motion approved to reimburse \$424.65
Melissa Geiger	\$350.37	Danny Finkelstein, approve requested amount	Grace Johns	3-1	Motion approved to reimburse \$350.37
(a) Net of other funding					

3. Adjournment

Danny Finkelstein moved to adjourn, seconded by Kelly Kandibovich. The motion passed unanimously. The meeting adjourned at 5:13 pm.



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

Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist

PERSON/FOSTER/RESCUE PARTNER REQUESTING REIMBURSEMENT:

NAME: _____

Meeting Date: _____ 2024

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 or e-mail stating that you have not received any money (including donations) from 3rd parties to pay for your bills (SIGNED)
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 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: _____

Name: _____

Address: _____

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

<u>NAME</u>	
<u>Address</u>	
<u>Telephone Number</u>	
<u>Animal Name</u>	
<u>Animal ID#</u>	
<u>Date of adoption</u>	

Chronological History Timeline:

Date: _____ 2023

Date: _____ 2023

Date: _____ 2023

Date: _____ 2023

<u>NAME:</u>	
<u>Address:</u>	
<u>Telephone Number:</u>	
<u>Animal Name</u>	
<u>Animal ID#</u>	
<u>Date of adoption:</u>	

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

Print Name:



Signature:

PURRR

1556 E. Commercial Blvd, Oakland Park, FL 33334 | Phone: 954-745-0801



Certificate of Spay/Neuter Surgery

Lori Savage

19340 SW 69th Street, Fort Lauderdale, FL 33332, Broward
Cell: 954-540-2365 Home: 954-260-3528
lorisav2005@mac.com

Teddy (23-803)

Species	Cat	Microchip Number	
Sex	Male	Weight Pounds	11.65
Age	0 Years 9.0 Months	Pregnant	No
Breed	Domestic Short Hair	Cryptorchid	No
Primary Color	Grey Tabby	In Heat	No
Secondary Color		Veterinarian	Ross Fischer, DVM

Services and Products

Visit Date	Services	Total
9/23/2023	Cat Neuter	\$0.00
	Discount: Broward County Voucher - TNR \$75.00	
	Rabies 1 year vaccine [26]	\$0.00
	Discount: Broward County Voucher - TNR \$25.00	
	SNAP FeLV/FIV/HW Triple Test (Negative/Negative/Negative)	\$30.00
Payments		
9/19/2023	Deposit Credit Card (Visa - 0192)	\$25.00
9/23/2023	Credit Card (Visa - 0192)	\$5.00
	Total of this appointment:	\$30.00
	Remainder for this appointment:	\$0.00

Surgery Summary

Patient was induced with a 10:10:10 mix of Dexdomitor 0.5 mg/ml, Ketamine 100 mg/ml and Butorphanol 10 mg/ml via IM. Patient was maintained via mask on isoflurane and oxygen. Patient was shaved and prepared aseptically for surgery. A single incision was made over each testicle. Testicles were exteriorized, removed and auto ligated. Incision site was left open to heal by second intention. A separate small superficial skin incision was made where a purple tattoo was applied to the lower abdomen to indicate patient has been sterilized. Penicillin G Procaine was administered (subcutaneously) at 1ml per 10 lbs preoperatively. Patient was recovered without complication. Discharge instructions: Cage rest for 24 hours, then confined to small area and no strenuous activity for 10-14 day following surgery. Keep your pet quiet. No running, jumping, playing, etc. Do not bathe your pet during the first two weeks following surgery. Do not allow your pet to lick, scratch or chew at its incision site. An e-collar is strongly recommended during recovery at owners expense. Absorbable sutures were used and require no removal.



VCA Pines West Animal Hospital
 18419 Pines Blvd | Pembroke Pines, FL 33029 | (954) 430 - 5353

Lori Meacham, DVM | Date: 9/30/2023 at 15:18 | Invoice: 843115323 | Cashier: Esther A

Client

Lori Amzand (#8505)

 19340 Sw 69 St
 Pembroke Pines, FL 33332

Patient

Teddy (#44493)
 Species: Feline (Domestic Short Hair)
 Sex: Male Neutered | Color: Gray
 Birth: 12/30/2022 | Age: 9m | Weight:

Detailed Visit Information

Date	Description	Qty	Price	Tax	Total Price
9/30/2023	Sulfadimethoxine (Albon) 125mg Tab	15.00	\$25.80	\$0.00	\$25.80
	KeyScreen GI Parasite PCR Panel	1.00	\$80.85	\$0.00	\$80.85
	Exam/Consultation Medical Condition	1.00	\$89.00	\$0.00	\$89.00
	Hospitalization Holding	8.00	\$0.00	\$0.00	\$0.00

Subtotal: \$195.65

Invoice Summary

Patient Name	Total Price	Total Tax	Total Due
Teddy	\$195.65	\$0.00	\$195.65

Debit Card - 0192	\$195.65	Prev Balance:	\$0.00
		Total Due:	\$195.65
		Amount Paid:	\$195.65
		Amount Due:	\$0.00

Bella has an appointment on 1/2/2024 at 07:30 AM

For information on how we collect and use information about you and your pet, and how you may opt-out of some uses, please see our Privacy Policy at vcahospitals.com/privacy-policy.

Thank you for trusting us with your pet's care. Your friends at VCA Pines West Animal Hospital.

MEDICAL HISTORY

01-Oct-2023 to 01-Oct-2023

<p>Client</p> <p>Lori Amzand (8505) Marius CELL: (954) 540-2365</p>	<p>Patient</p> <p>Teddy (44493) Feline Domestic Short Hair</p>	<p>9m (30-Dec-2022) Gray Male / Neutered 12.5 lb (30-Sep-2023)</p>
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Most recent visit date: 30-Sep-2023 Patient Alerts: n/a
 Microchip No.: n/a
 Rabies tag ID / date : n/a

Current medical overview: as of 02-Oct-2023

<u>Service Reminders</u>	<u>Due Date</u>
Physical Exam	Review
Fel Rabies	23-Sep-2024
Fel Panleukopenia	Review
Fel Respiratory Virus	Review
Fel Leukemia	Review
Fecal Exam	30-Sep-2024
Fel Heartworm RX	Review
Fel Flea Prevention	Review
Fel Dental Cleaning	Review

<u>Weight by Age</u>	<u>Wt.</u>	<u>Record date</u>
n/a		

<u>Active Concerns</u>	<u>Established</u>
Diarrhea	30-Sep-2023
Distended abdomen	30-Sep-2023
Wellness/Preventive care	30-Sep-2023

<u>Inactive Concerns</u>	<u>Established</u>
n/a	

<u>Resolved Concerns</u> (since 01-Oct-2023)	<u>Established</u>	<u>Resolved</u>
n/a		

<u>Medications</u> (since 01-Oct-2022)	<u>Amount</u>	<u>Disp. Date</u>
Sulfadimethoxine (Albon) 125mg Tab	15.00 tab	30-Sep-2023
DISP		
give 2 1/2 tablets on the first day, then give 1 1/4 tablets for the next 9 days. (JA)		

Diagnostic report

01-Oct-2023 Keyscreen GI Parasite PCR Panel T991 1yr

Lori Meacham, DVM

05:36 Source: Antech | Order item: Keyscreen GI Parasite PCR Panel T991 1yr [199.1063]
 Sample collected: 02:46 01-Oct-2023 | Submitted: 30-Sep-2023 | Reported: 01-Oct-2023
 Lab reference: ORAB63211673

Test	Results	Ref. range	Unit
<i>Keyscreen GI Parasite PCR Panel</i>			
Ancylostoma spp.	Undetected		
A. caninum resistance marker	Undetected		
Uncinaria stenocephala	Undetected		
Toxocara spp.	Undetected		
Toxocara canis	Undetected		
Toxocara cati	Undetected		
Toxascaris leonina	Undetected		
Baylisascaris procyonis	Undetected		
Trichuris vulpis	Undetected		
Giardia duodenalis	Undetected		
Giardia Zoonotic	Undetected		
Cryptosporidium canis	Undetected		
Cryptosporidium felis	Undetected		
Cystoisospora spp.	Undetected		
Eimeria spp.	Undetected		
Dipylidium caninum	Undetected		
Echinococcus multilocularis	Undetected		
Echinococcus granulosus	Undetected		
Taenia spp.	Undetected		
Tritrichomonas blagburni	Undetected		
Toxoplasma gondii	Undetected		
Neospora caninum	Undetected		
Comment			

A DETECTED KeyScreen GI Parasite PCR result in a patient with clinical signs that are appropriate to the organism, suggests this is the likely cause of the clinical signs. In the absence of clinical signs, parasite detection could suggest a subclinical infection or be related to coprophagia. Subclinical infection may need to be treated in cases where the parasite is zoonotic, has the potential to cause clinical signs or where continued shedding contributes to environmental contamination.

An UNDETECTED KeyScreen GI Parasite PCR result indicates that no parasitic organism was detected. An undetected PCR result most often indicates absence of infection but might also occur after successful treatment or with spontaneous resolution of infection. Undetected results due to cyclical shedding may be overcome with repeat testing or by testing pooled samples collected over multiple days.

For infections with an extra-intestinal phase (e.g., echinococcosis, toxoplasmosis, neosporosis), an undetected KeyScreen GI Parasite PCR result does not rule out systemic infection. If systemic infection is suspected, additional diagnostic investigation is indicated.

As a reference, we have provided links to CAPC guidelines. CAPC is an independent, non-profit organization.

Veterinarians: If the KeyScreen GI Parasite PCR result does not explain the clinical signs or if you require additional interpretive assistance, consultation with an internist is available free of charge (Monday to Friday 8am to 9pm EST, Saturday 9am to 6pm EST) at 1-888-838-4636.

*Documents are available as separate attachments or files.

PURRR

1556 E. Commercial Blvd, Oakland Park, FL 33334 | Phone: 954-745-0801



Animal Summary / Rabies Certificate

Lori Savage

19340 SW 69th Street, Fort Lauderdale, FL 33332, Broward
Cell: 954-540-2365 Home: 954-260-3528
lorisav2005@mac.com

Teddy (23-803)

Species	Cat	Visit Date	9/23/2023
Sex	Male	Animal Type	Owned
Age	0 Years, 9.0 Months	Microchip Number	—
Breed	Domestic Short Hair	Spayed/Neutered	Yes
Color	Grey Tabby	Weight	11.65 lbs

Rabies Vaccine

Producer	Zoetis	Date Vaccinated	9/23/2023
Type	One Year	Expires	9/23/2024
Vaccine Lot Number	661320 (expires 11/12/2024)	Veterinarian	Ross Fischer, DVM License # VM7915
Tag Number	26	Signature	

All Products / Services

Date	Description
9/23/2023	Cat Neuter
9/23/2023	Rabies 1 year vaccine [26]
9/23/2023	SNAP FeLV/FIV/HW Triple Test (Negative/Negative/Negative)

This is not an invoice.



BALASKY VETERINARY ASSOCIATES

OWNER Amzand, Lori
ADDRESS 19340 SW 69 St.
CITY, STATE, ZIP Pem. Pines, FL 33332
TELEPHONE: HOME 9-510-2365 WORK

SINGLE ANIMAL RECORD

CLIENT I.D. 27337 PET'S I.D. 1
PET'S NAME Teddy
BREED DSH
COLOR Tabby DOB 2021
SEX: MALE FEMALE NEUTERED

DATE	WEIGHT	TEMP.	PROGRESS NOTES	CHARGE	PAID	BALANC
10-10-23			<p>Exam</p> <p>Distended abdomen</p> <p>Diarrhea fecal - \oplus hookworms</p> <p>Stray cat -</p> <p>P is on day 3 of 10 tazero</p> <p>✓ spot on \odot eye</p> <p>Diquemay pain, primarily residual, <u>total</u> testis neg, Pub Interdual pseudoh Hx cite neg, Hw neg</p> <p>no v, App n.</p> <p>P. rans abd OBL 1/5/10 - 2/2</p> <p>Pos: xs lymph \rightarrow Microscopic lighting 1.5u SD. P. m. 102</p> <p>A. of parasite xs hair</p> <p>etc. wormed in po</p> <p>2 dose Nexgen Combo H 2 right 2h</p>			

BALASKY VETERINARY ASSOCIATES

11701 ORANGE DRIVE
Ft. Lauderdale, FL 33330
(954) 424-7038

Lori Amzand
19340 SW 69 St
Pembroke Pines, FL 33332

Client ID: 27337
Invoice #: 449849
Date: 10/10/2023

Patient ID: 27337-1 Species: Feline Weight: 13.40 pounds
Patient Name: Teddy (Stray) Breed: DOMESTIC SHORT HAIR Birthday: 10/10/2021 Sex: Neuter

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
10/10/2023	Radiology 2 View Study	Robert S. Dingfelder D.V.M	1.00	\$142.00
	Electrolyte clip		1.00	\$29.00
	General Chemistry Profile - clip 17		1.00	\$102.00
	CBC (Complete blood count))		1.00	\$52.00
	Metronidazole elixir--50mg/ml--1oz		1.00	\$22.00
	Examination/Office Visit		1.00	\$52.00
	Fecal		1.00	\$15.00
	Nexgard Combo Single Dose		2.00	\$58.00
		Patient Subtotal:		\$472.00

Instructions

THE VETERINARIANS OF BALASKY VETERINARY ASSOCIATES ARE NOT AVAILABLE AFTER HOURS.
PLEASE CALL 424-7038 AND OUR SERVICE WILL DIRECT YOU TO AN AFTER HOURS EMERGENCY
HOSPITAL, LEADER ER, 9410 STIRLING RD. COOPER CITY. 954-437-9630, OR ADVANCED VETERINARY
CARE CENTER, 8920 ST RD 84 & PINNACLE ISLAND (NEAR PUBLIX) 954-500-vets

Invoice Total:	\$472.00
Not Taxable :	\$0.00
Total:	<u>\$472.00</u>
Balance Due:	\$472.00
Previous Balance:	<u>\$0.00</u>
Balance Due:	<u>\$472.00</u>
CLOVER:	<u>(\$472.00)</u>
Less Payment:	<u>(\$472.00)</u>
Balance Due:	<u><u>\$0.00</u></u>

BALASKY VETERINARY ASSOCIATES

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11701 ORANGE DRIVE
 Ft. Lauderdale, FL 33330
 (954) 424-7038

Lori Amzand
 19340 SW 69th Street
 Pembroke Pines, FL 33332

Client ID: 27337
 Invoice #: 451667
 Date: 11/22/2023

Patient ID: 27337-1	Species: Feline	Weight: 13.40 pounds
Patient Name: Teddy (Stray)	Breed: DOMESTIC SHORT HAIR	Birthday: 10/10/2021 Sex: Neuter

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
11/21/2023	Praziquantel Injectable PER ML	Linda Markley D.V.M.	3.00	\$49.00
11/22/2023	Praziquantel Injectable PER ML		3.00	\$49.00
		Patient Subtotal:		\$98.00
		Invoice Total:		\$98.00
		Total:		\$98.00
		Invoice Balance Due:		\$98.00
		CLOVER:		(\$40.00)
		Less Payment:		(\$40.00)
		Invoice Balance Due:		\$58.00
		Balance Due:		\$0.00

TEDDY (STRAY) AMZANDPET OWNER: **AMZAND**

SPECIES: Feline

BREED: Shorthair, Domestic

GENDER: Male Neutered

AGE: 2 Years

PATIENT ID: 27337-1

Balasky Veterinary Associates

11701 Orange Dr.

Davie, FL 33330

954-424-7038

ACCOUNT #: 82940

ATTENDING VET: Dingfelder D.V.M., Robert (2)

LAB ID: 4406006823

ORDER ID: 218209306

COLLECTION DATE: **11/9/23**DATE OF RECEIPT: **11/10/23**DATE OF RESULT: **11/10/23**IDEXX Services: **Fecal Ova and Parasites****Parasitology****11/10/23** (Order Received)**11/10/23 11:10 AM** (Last Updated)

TEST	RESULT
Ova & Parasites - Zinc Sulfate Centrifugation	Spirometra sp. (Tapeworm) ova present, many (>30) In cases of acute or chronic diarrhea in addition to a fecal flotation and antigen testing for ova and parasites consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).

 **TEDDY (STRAY) AMZAND**

PET OWNER: **AMZAND**

SPECIES: Feline

BREED: Shorthair, Domestic

GENDER: Male Neutered

AGE: 2 Years

PATIENT ID: 27337-1

Balasky Veterinary Associates

11701 Orange Dr.

Davie, FL 33330

954-424-7038

ACCOUNT #: 82940

ATTENDING VET: Dingfelder D.V.M., Robert (2)

LAB ID: 4406841942

ORDER ID: 220397730

COLLECTION DATE: **12/5/23**

DATE OF RECEIPT: **12/6/23**

DATE OF RESULT: **12/6/23**

IDEXX Services: **Fecal Ova and Parasites**

Parasitology



12/6/23 (Order Received)
12/6/23 3:44 PM (Last Updated)

TEST
Ova & Parasites
- Zinc Sulfate
Centrifugation

RESULT
No ova or parasites seen.
In cases of acute or chronic diarrhea in addition to a fecal flotation and antigen testing for ova and parasites consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).



11/10/23

Spirometr...

BALASKY VETERINARY ASSOCIATES

11701 ORANGE DRIVE
Ft. Lauderdale, FL 33330
(954) 424-7038

Lori Amzand
19340 SW 69th Street
Pembroke Pines, FL 33332

Client ID: 27337
Invoice #: 452177
Date: 12/5/2023

Patient ID: 27337-1	Species: Feline	Weight: 13.40 pounds
Patient Name: Teddy (Stray)	Breed: DOMESTIC SHORT HAIR	Birthday: 10/10/2021 Sex: Neuter

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
12/5/2023	IDEXX Ova and Parasites	Robert S. Dingfelder D.V.M	1.00	\$42.00
		Patient Subtotal:		\$42.00
		Invoice Total:		\$42.00
		Not Taxable :		\$0.00
		Total:		\$42.00
		Balance Due:		\$42.00
		Previous Balance:		\$0.00
		Balance Due:		\$42.00

BALASKY VETERINARY ASSOCIATES

11701 ORANGE DRIVE
Ft. Lauderdale, FL 33330
(954) 424-7038

Lori Amzand
19340 SW 69th Street
Pembroke Pines, FL 33332

Client ID: 27337
Invoice #: 453972
Date: 1/16/2024

Patient ID: 27337-1	Species: Feline	Weight: 13.40 pounds
Patient Name: Teddy (Stray)	Breed: DOMESTIC SHORT HAIR	Birthday: 10/10/2021 Sex: Neuter

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
1/16/2024	Examination/Office Visit	Robert S. Dingfelder D.V.M	1.00	\$55.00
	Health Certificate/Transport/Sale		1.00	\$20.00
		Patient Subtotal:		\$75.00

Instructions

THE VETERINARIANS OF BALASKY VETERINARY ASSOCIATES ARE NOT AVAILABLE AFTER HOURS
PLEASE CALL 424-7038 AND OUR SERVICE WILL DIRECT YOU TO AN AFTER HOURS EMERGENCY
HOSPITAL, LEADER ER, 9410 STIRLING RD. COOPER CITY, 954-437-9630, OR ADVANCED VETERINARY
CARE CENTER, 8920 ST RD 84 & PINE ISLAND (NEAR PUBLIX) 954-500-vets

Invoice Total:	\$75.00
Not Taxable :	\$0.00
Total:	\$75.00
Invoice Balance Due:	\$75.00
CLOVER:	(\$75.00)
Less Payment:	(\$75.00)
Invoice Balance Due:	\$0.00
Balance Due:	\$0.00