



RESILIENT ENVIRONMENT DEPARTMENT

**ANIMAL CARE DIVISION**

2400 SW 42<sup>nd</sup> 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 3<sup>rd</sup> 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 requested: \$ 2,310.00

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

Total Amount Approved \$ \_\_\_\_\_



RESILIENT ENVIRONMENT DEPARTMENT

**ANIMAL CARE DIVISION**

2400 SW 42<sup>nd</sup> Street • Fort Lauderdale, Florida 33312 • 954-359-1313

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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 3<sup>rd</sup> 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

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Robert McKinzie • Nan H. Rich • Hazelle P. Rogers • Tim Ryan • Michael Udine  
Broward.org

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

**Chronological History Timeline:**

Date: \_\_\_\_\_ 2025 \_\_

---

---

---

---

---

---

Date: \_\_\_\_\_ 2025 \_\_

---

---

---

---

---

---

Date: \_\_\_\_\_ 2025 \_\_

---

---

---

---

---

---

Date: \_\_\_\_\_ 2025 \_\_

---

---

---

---

---

---

**Chronological History Timeline:**

**Date:** \_\_\_\_\_ **2025** \_\_

---

---

---

---

---

---

**Date:** \_\_\_\_\_ **20** \_\_

---

---

---

---

---

---

**Date:** \_\_\_\_\_ **20** \_\_

---

---

---

---

---

---

**Date:** \_\_\_\_\_ **20** \_\_

---

---

---

---

---

---

**AFFIDAVIT**  
**Please Have Notarized**

<b>NAME:</b>	Adeli Segarra
<b>Address:</b>	1833 NW 55th Ave Apt 1, Lauderdale, FL 33314
<b>Telephone Number:</b>	(347) 481-3330
<b>Animal Name</b>	Gypsy
<b>Animal ID#</b>	A2384267
<b>Date of adoption:</b>	03/08/2025

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

Adeli Segarra  
Print Name:

[Signature]  
Signature:

State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 12 day of MAY, 2025 by ADELI SEGARRA ID who is personally known to me or who has produced DL GA 07132316D as identification.

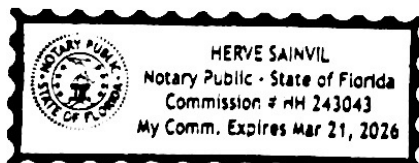
Signature of Notarial Officer: [Signature]

Notary Stamp or Name Typed/Printed: HERVE SAINVIL

My Commission Expires: 03/21/2026

Serial Number (if any): 9575519

(Seal, if applicable)



---

**Documentation from TOTAL PET CARE ANIMAL HOSPITAL**

---

TOTAL PET CARE ANIMAL HOSPITAL &lt;system@idexxneo.com&gt;

Mon, Jun 2 at 6:30 PM

Reply-To: &lt;TotalPetCareAH@gmail.com&gt;

To: &lt;Aseg187@gmail.com&gt;

**Consultation history****Date:** 04-Apr 2025

---

**Client Information:**

Adeli Segarra

**Address:**

1833 NW 55th Ave Apt #1

Lauderhill, FL, 33313

**Phone Number:****Email Address:** [Aseg187@gmail.com](mailto:Aseg187@gmail.com)**Patient Information:**

Gypsy

**Species:** Feline**Breed:** Domestic Shorthair**Gender:** Spayed Female**Color:** Calico**Date of Birth:** 2018-03-21, **Age:** 7 yrs 2 mos**Doctor:** Dr. Beth Hirshfeld**Vitals:**

---

**Consultation Notes:**

Appointment reason: Dental

**Supportive Information****Presenting Reason:**

Dental Cleaning w. Extractions

**Patient History:****Observations:****Objective Information****Vitals****Temperature:**

Heart Rate:  
Respiration:  
Capillary Refill Time:

### Physical Examination

Overall Condition:	Good, Healthy. Cautious demeanor.
Coat and Skin:	Normal
Ocular:	Normal
Otic:	Normal
Respiratory System:	Normal
Cardiovascular System:	Normal
Abdominal:	Normal
Urogenital:	Normal
Perineal:	Normal
Neurological:	Normal
Oral/ Nasal:	Abnormal
Musculoskeletal:	Normal

### Assessment

Diagnosis:	None Chem 10 bloodwork Fiv/FelV Snap Test
Notes and Recommendations:	Proceed with Dental
Progress Notes:	Fiv: Negative FeLV: Negative

### Plan/ Procedures

Treatments/ Procedures:	Dental Cleaning with Extractions, Ketoprofen Injection, PenG (PenOne Pro) Injection.
Prescribed Medications:	Onsior Tablets, Clindamycin Oral Suspension

Gypsy had a dental cleaning with extractions. As this is a dental procedure under anesthesia, she may be lethargic and have a lack of appetite for the next 24 hours. This should resolve by tomorrow evening. Gypsy may not have a normal bowel movement for the next 24-36 hours post procedure due to her fasting for the procedure and anesthesia.

She may cry or pace throughout the night, this is normal as the anesthesia can be very disorienting for them.

**Discharge Instructions:**

Please monitor any signs of: Appetite loss, lethargy, vomiting, depression or diarrhea. If these persist beyond 24 hours, please give us a call.

You may notice a reddish/ pinkish tinge to Gypsy's water for a few days after she drinks, this is normal. Gypsy had teeth extracted and has dissolvable sutures in her mouth. These sutures should dissolve in 3-4 weeks on their own.

For the next two weeks, we recommend feeding Gypsy a bland wet diet or her kibble softened with water to avoid damaging the sutures.

Do not try to clean any of the extraction sites. You can clean any discharge around the outside of her mouth.

**Recheck Needed:**

One week

	Notes
<b>Date and Time:</b>	April 4th 2025
<b>Pre/Gen Anesthetic:</b>	DKT .3
<b>Presurgical Assessment:</b>	3. Moderate Risk
<b>Attending Tech:</b>	Nicole
<b>Approach:</b>	Pre-op exam normal IV catheter placed Mask induction with Isoflurane Anesthesia induced with DKT .3ml Tracheal tube placed 4.5 Maintained with Isoflurane
<b>Procedure:</b>	Dental with extractions
<b>Closure:</b>	Suture 4-0 PDS
<b>Recovery:</b>	Post op normal recovery
<b>Additional Comments:</b>	Return in 10 days





Junito <aseg187@gmail.com>

---

## Documentation from TOTAL PET CARE ANIMAL HOSPITAL

---

TOTAL PET CARE ANIMAL HOSPITAL <system@idexxneo.com>  
Reply-To: <TotalPetCareAH@gmail.com>  
To: <Aseg187@gmail.com>

Fri, Apr 4 at 5:30 PM

### INVOICE

TOTAL PET CARE ANIMAL HOSPITAL  
4410 NE 5TH TERRACE,  
OAKLAND PARK Florida 33334  
Tel: 9549536067  
Email: [TotalPetCareAH@gmail.com](mailto:TotalPetCareAH@gmail.com)

Client:  
Adeli Segarra  
1833 NW 55th Ave apt #1  
Lauderhill Florida 33313



Patient ID: 5450	Sex: Spayed Female	Invoice Date: 04-Apr 2025			
Patient: <b>Gypsy Segarra</b>	Birth Date: 21-Mar 2018	Invoice Number: 16227			
	Species: Feline	Weight: 8.000 lb	Provider: Dr. Beth Hirshfeld		
Breed: Domestic Shorthair	Microchip ID:				
Product / Service	Quantity	Price (Exc)	Tax	Amount	
Anesthesia Monitoring	1.00	100.00	0.00%	100.00	
Local Anesthesia	1.00	50.00	0.00%	50.00	
Dental Cleaning	1.00	300.00	0.00%	300.00	
Dental Extractions	1.00	1,657.00	0.00%	1,657.00	
Ketoprofen Injection 100mg/mL	1.00	20.00	0.00%	20.00	
PenG Injection	1.00	20.00	0.00%	20.00	
Onsior Tablets - 6mg (3ct)	1.00	20.00	0.00%	20.00	
Clindamycin (Zydaclin) Oral Suspension 25 mg/mL bottle	1.00	38.00	0.00%	38.00	
		Subtotal		2,205.00	

Tax	0.00
AMOUNT DUE	2,205.00
INVOICE BALANCE	2,205.00

**Visit Notes:**

---

---

# INVOICE

TOTAL PET CARE ANIMAL HOSPITAL  
4410 NE 5TH TERRACE,  
OAKLAND PARK Florida 33334  
Tel: 9549536067  
Email: TotalPetCareAH@gmail.com



Client:  
Adeli Segarra  
1833 NW 55th Ave apt #1  
Lauderhill Florida 33313

Patient ID: 5450  
Patient: **Gypsy Segarra**  
Species: Feline  
Breed: Domestic Shorthair

Sex: Spayed Female  
Birth Date: 21-Mar 2018  
Weight: 8.000 lb  
Microchip ID:

Invoice Date: 25-Mar 2025  
Invoice Number: 15852  
Provider: Dr. Zwilling

Product / Service	Quantity	Price (Exc)	Tax	Amount
Exam - Technician	1.00	35.00	0.00%	35.00
Convenia Injection 80mg/mL	1.00	70.00	0.00%	70.00
Subtotal				105.00
Tax				0.00
AMOUNT DUE				105.00
Credit Card				105.00
INVOICE BALANCE				0.00

Visit Notes:

# INVOICE

TOTAL PET CARE ANIMAL HOSPITAL  
4410 NE 5TH TERRACE,  
OAKLAND PARK Florida 33334  
Tel: 9549536067  
Email: TotalPetCareAH@gmail.com



Client:  
Adeli Segarra  
1833 NW 55th Ave apt #1  
Lauderhill Florida 33313

Patient ID: 5450  
Patient: **Gypsy Segarra**  
Species: Feline  
Breed: Domestic Shorthair

Sex: Spayed Female  
Birth Date: 21-Mar 2018  
Weight: 8.000 lb  
Microchip ID:

Invoice Date: 04-Apr 2025  
Invoice Number: 16227  
Provider: Dr. Beth Hirshfeld

Product / Service	Quantity	Price (Exc)	Tax	Amount
Anesthesia Monitoring	1.00	100.00	0.00%	100.00
Local Anesthesia	1.00	50.00	0.00%	50.00
Dental Cleaning	1.00	300.00	0.00%	300.00
Dental Extractions	1.00	1,657.00	0.00%	1,657.00
Ketoprofen Injection 100mg/mL	1.00	20.00	0.00%	20.00
PenG Injection	1.00	20.00	0.00%	20.00
Onsior Tablets - 6mg (3ct)	1.00	20.00	0.00%	20.00
Clindamycin (Zydaclin) Oral Suspension 25 mg/mL bottle	1.00	38.00	0.00%	38.00
Subtotal				2,205.00
Tax				0.00
AMOUNT DUE				2,205.00
Credit Card				2,205.00
INVOICE BALANCE				0.00

Visit Notes:

GENERATED: 5/16/2025 12:31 PM

Client Information

Adeli Segarra  
1833 NW 55th Ave  
Apt 1  
Lauderhill, FL 33313  
(347) 481-3330

Patient Information

<u>Name</u>	Gypsy	<u>Species</u>	Cat	<u>Weight</u>	8.6 LBS
<u>Sex</u>	Female Spayed	<u>Breed</u>	DOMESTIC SHORTHAIR	<u>Microchip</u>	981020049880062
<u>Status</u>	Active	<u>DOB</u>	9/24/2017		
<u>Id</u>	22635	<u>Age</u>	7 years 7 months		
<u>Color</u>	TORTIE	<u>Tag</u>	NONE		

Weight History

Date	Weight
3/21/2025	8.6 LBS

Reminders

Description	Due Date
RABIES FELINE 1 YEAR	9/24/2025
FVRCP 1 Year	9/24/2025

Medical Chart from 1/1/2000 - 5/15/2025

Service on 5/16/2025			
----------------------	--	--	--

5/16/2025 10:54 AM	Note	Medical records approved to send -Dr. S	Mayra Sanchez, D.V.M.
--------------------	------	---	-----------------------

MS

Service on 3/21/2025			
----------------------	--	--	--

3/21/2025 11:15 AM	Procedure	DECLINED : Leukemia Vaccine 1 Year	Mayra Sanchez, D.V.M.
--------------------	-----------	------------------------------------	-----------------------

3/21/2025 11:15 AM	Procedure	DECLINED : Bio Hazard Fee	
--------------------	-----------	---------------------------	--

3/21/2025 11:15 AM	Lab	DECLINED : Digital Fecal Parasite Scan SEMI-ANNUAL(IMAGYST)	Mayra Sanchez, D.V.M.
--------------------	-----	---	-----------------------

3/21/2025 11:15 AM	Lab	DECLINED : Feline LEUK/FIV Test (snap test)	Mayra Sanchez, D.V.M.
--------------------	-----	---	-----------------------

3/21/2025 11:15 AM	Procedure	Examination / Office Visit	Mayra Sanchez, D.V.M.
--------------------	-----------	----------------------------	-----------------------

COMPLIMENTARY DENTAL CONSULTATION

3/21/2025 11:25 AM	Procedure	Thank you! Your Tech today was Haley	Mayra Sanchez, D.V.M.
--------------------	-----------	--------------------------------------	-----------------------

3/21/2025 11:25 AM	Procedure	Your Doctor today was Dr. Sanchez	Mayra Sanchez, D.V.M.
--------------------	-----------	-----------------------------------	-----------------------

3/21/2025 11:49 AM

Inventory Item

DECLINED : Buprenex Dose Oral per ML 1 mL Mayra Sanchez, D.V.M.

3/21/2025 11:59 AM

Inventory Item

DECLINED : Convenia Injection per ML 0.4 mL Mayra Sanchez, D.V.M.

3/21/2025 2:44 PM

Exam

Exam - General

Mayra Sanchez, D.V.M.

Weight

8.6 LBS (3.9009 KG)

Temperature

101.3°F By Rectal

Heart Rate

160

Respiratory Rate

30

Pulse Quality

SSFP's

CRT

<2s

Mucous Membrane

pink/moist

Hydration

WNL

Body Condition Score

4 - Ideal, slim

Pain Score

2 - Mild

Subjective Assessment

no c/s/v/d, eating and drinking good, bad smell from mouth.

Alert

NORMAL CONDITION

Bright

NORMAL CONDITION

Responsive

NORMAL CONDITION

Oral-Nasal-Throat

Abnormal

ABNORMAL CONDITION

-Grade 2 dental calculus with gingivitis; possible FORL's present

Ears

Normal

Eyes

Normal

Cardiovascular

Normal Auscultation

Respiratory

Normal

Abdominal

Normal

Genitourinary

Normal

Musculoskeletal

Normal

Integument

Normal

Lymphatics

Normal

Neurological

Normal

Rectal

Normal

3/21/2025 4:36 PM

Diagnosis

Dx 01223 - Dental - Resorptive Lesion - possible, needs sedated oral exam

Mayra Sanchez, D.V.M.

3/21/2025 4:36 PM

Diagnosis

Dx07453 - Dental - Calculus - Index 2 of 3 + Gingivitis Index 2 of 3

Mayra Sanchez, D.V.M.

Service on 3/18/2025

3/18/2025 10:05 PM

Document

Prior Records



## Broward County Animal Care and Adoption Division

2400 SW 42nd St, Ft. Lauderdale, FL 33312

Phone: 954-359-1313

### MEDICAL HISTORY REPORT

**Animal ID#**

A2384267

**Name**

GYPSY

**Breed**

DOMESTIC SH

**Color**

TORTIE

**Age**

7 YRS

**Date of birth**

September 24, 2017

As of: 3/8/2025

Sex:

SPAYED FEMALE

**09/21/2024**

Condition: SEE DIAG

Weight:

Treated by: 340003

**Visit Type / Reason**

EXAM / INITIAL

**Treatments****Medications**

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

**Comments**

\* Tech Exam

History: owner surrender from field

TPR: not able to obtain

PE: BCS 6/9, no outward illnesses or injuries noted

Treatment: FVRCP subq

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

**09/24/2024**

Condition: SEE DIAG

Weight: 10.00

Treated by: 1002125

**Visit Type / Reason**

SURGERY / ADOPTION

**Treatments**

RABIES VACCINE 1 YEAR NA  
SMART MICROCHIP NA

**Medications**

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

**Comments**

\* G000517

This animal is suspected to be previously spayed.  
There is an abdominal scar indicative of a previous spay surgery.  
BCAC did not perform a surgery on this animal.

Technician provided Rabies vaccine: (1002125)

History: No illness reported  
TPR- unable to obtain.  
PE: BAR, mm pink, normal RE, no significant skin lesions  
Assessment: apparently healthy for the administration of rabies vaccine  
Rabies vaccine administered subcutaneously to the right rear.

Rabvac-1 Elanco  
Serial #: E129452A  
Exp date: 09/19/25

---

<b>11/16/2024</b>	<b>Condition:</b> OTHER	<b>Weight:</b> 12.00	<b>Treated by:</b> 1131612
<b><u>Visit Type / Reason</u></b>	<b><u>Treatments</u></b>	<b><u>Medications</u></b>	
TREATMENT / FOSTER		0.53 ML CONVENIA INJ, 1x per day for 1 day(s)  METACAM INJECTABLE, 1x per day for 1 day(s)	

**Comments**

\* Reason for visit/Main complaint: Mouth smelling bad for a few days. D/P/D normally. Picky when is eating.

History: This animal is suspected to be previously spayed.  
There is an abdominal scar indicative of a previous spay surgery. Left ear tipped.  
BCAC did not perform a surgery on this animal.

General Appearance: BAR, BCS 5-6/9, FAS 0-1/5 ;Vitals: 102.1 F HR120 RR unable/pouring  
PE findings: The cat lost 104 canine tooth, presents loosing canine tooth 204 with pus around the root, gum recession and swollen gum. Energy levels looks normal, pouring during the PE and no shows pain during the PE. Vocalizing a lot. Mild resistance to open her mouth.

Assessment: 104 Canine Tooth root abscess

TX: By G000648  
Convenia [80 mg/ml]: 0.53 ml SQ  
Meloxicam injectable 5mg/ml: 0.3 ml SQ once  
Eat only wet food

Recheck: Return to clinic in 7 DAYS or sooner if condition worsens. Avaluation for extraction tooth canine

Client education:  
Please contact our Foster Team via email with any questions or concerns you may have. If you think your foster is stable but requires medical evaluation, please bring to the clinic from Tuesday through Sunday between 3pm-4pm. In case of emergency, bring P to the clinic immediately (during business hours) for further medical attention.

---



**11/23/2024**

Condition: OTHER

Weight: 12.00

Treated by: 1131609

**Visit Type / Reason**

**Treatments**

**Medications**

EXAM / FOSTER

**Comments**

\* Cat presented for a recheck. Per G000648 Tooth extraction is indicated and has been scheduled.  
Confirmed surgery drop-off appointment.

---

**12/01/2024**

Condition: SEE DIAG

Weight:

Treated by: G000517

**Visit Type / Reason**

**Treatments**

**Medications**

SURGERY

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

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

**Comments**

\* 104 extracted, gelfoam placed at extraction site.

Recheck q7 days

---



## RABIES VACCINATION CERTIFICATE



**Rabies Vaccination Date:** 09/24/2024

**VETERINARY CLINIC**

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

**OWNER OF ANIMAL**

Name: ADELI SEGARRA  
Address: 4090 NW 31 TER 1  
City/State/Zip: LAUDERDALE LAKES, FL 33309  
Phone: (347) 481-3330

*This is to certify...*

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

***Patient Information:***

Pet ID #:	A2384267	Tag No:	L24-394879
Patient:	GYPSY	Date Issued:	09/24/2024
Species:	CAT	Tag Expiration:	09/24/2025
Breed:	DOMESTIC SH	License Type:	LICENSE ADPT
Color:	TORTIE		
Age:	7 yrs 6 mos		
Sex:	SPAYED FEMALE		

***Rabies Vaccination Information:***

Vaccine Product Name:	RABVAC	Term:	12 Months
Lot Expiration:	09192025D		
Lot number:	E129452A		
Veterinarian:	G000517		

**Next Rabies Vaccination Due:** 09/24/2025

Veterinarian Signature: \_\_\_\_\_



# MICROCHIP CERTIFICATE



## VETERINARY CLINIC

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

## OWNER OF ANIMAL

Name: ADELI SEGARRA  
Address: 4090 NW 31 TER 1  
City/State/Zip: LAUDERDALE LAKES, FL 33309  
Phone: (347) 481-3330

*This is to certify...*

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

### ***Patient Information:***

<b>Pet ID #:</b>	A2384267	<b>Microchip:</b>	981020049880062
<b>Patient:</b>	GYPSY	<b>Date Issued:</b>	09/24/2024
<b>Species:</b>	CAT	<b>Age:</b>	7 YEARS
<b>Breed:</b>	DOMESTIC SH	<b>Sex:</b>	Spayed Female
<b>Color:</b>	TORTIE		

---

### ***Microchip Manufacturer Information:***

The brand of microchip your pet has is **MC DATAMARS**

### **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.petlink.net>. 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**