



PUBLIC WORKS AND ENVIRONMENTAL SERVICES 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: _____ **2026**

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 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: 8/28/25

Name: Marissa Gomez / Matthew Coleman

Address: 6400 Cypress Rd

Apt 104, Plantation, FL 33317

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 3rd 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

<u>NAME</u>	Marissa Gomez / Matthew Coleman
<u>Address</u>	6700 Cypress Rd. Apt 104, Plantation, FL. 33317
<u>Telephone Number</u>	301-512-6362 / 954-683-2871
<u>Animal Name</u>	Boa
<u>Animal ID#</u>	A2355371
<u>Date of adoption/rescue</u>	8/24/2024

Chronological History Timeline:

Date: 8/24/2024 20__

On this day, Boa was taken to Broward County Animal Care for her final adoption screening. During this time, she didn't exhibit any concern symptoms and was examined by the vet team for about 30 minutes while I was in the lobby of the office.

Date: 8/25/2024 20__

On this day, starting at 8:30 am, Boa started relentlessly vomiting without reason. After the primary vomit, she then started to vomit every hour, and after the third consecutive instance, she started to throw up her stomach bile. After much some of this continued behavior, without interest in food, we took her to an Urgent vet, where she had a full physical exam, where the vet determined that she was dehydrated and recommended blood work and x-rays. However, due to monetary restrictions, we decided to take the approach of giving her fluids, anti-vomiting and stomach lining medications. We were informed to see how the night plays out and inform them if there was anything notable to occur.

Date: 8/26/2024 20__

In the following day, we found that her situation didn't improve and we would now need to perform the blood work and x-rays. As she continued to not eat and vomit, we took her first thing in the morning back to the vet, where the tests were done. Once compelled, we found her blood work was off and her x-ray showed that she had a foreign object obstruction and that she would need emergency surgery. We then immediately took Boa to Banfield Animal Hospital, where their vets concurred that Boa needed surgery. We then agreed and she was taken for surgery and stayed with them over the following days.

Date: 8/27/2024 20__

We received a call from the vet that the surgery was successful and that they had discovered a rope toy, which caused the obstruction. After inspecting the foreign object, we confirmed that the toy was not our property as we had never seen it previously. It was at this moment that we believed she might have ingested this toy during the final adoption screening as it was the only possibly opportunity that she would have had over that period of time to ingest something that we had never seen. We then proceeded to pick her up 24 hours later, where we were given further instructions for her recovery, which included medication and a soft food diet.

Please attach additional pages if needed.

AFFIDAVIT
Please Have Notarized

NAME:	Marissa Gomez / Matthew Coleman
Address:	6700 cypress rd. #104, Plantation, FL 33317
Telephone Number:	301-512-6362 / 954-683-2871
Animal Name	BOA
Animal ID#	A2355371
Date of adoption:	8/24/2024

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

Matthew Coleman
Print Name:

Matthew Coleman
Signature:

State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of physical presence or online

notarization, this 29 day of August, 2025 by Matthew Coleman who is personally known to me or who has produced C238-323-43-2000 as identification.

Signature of Notarial Officer: [Signature]

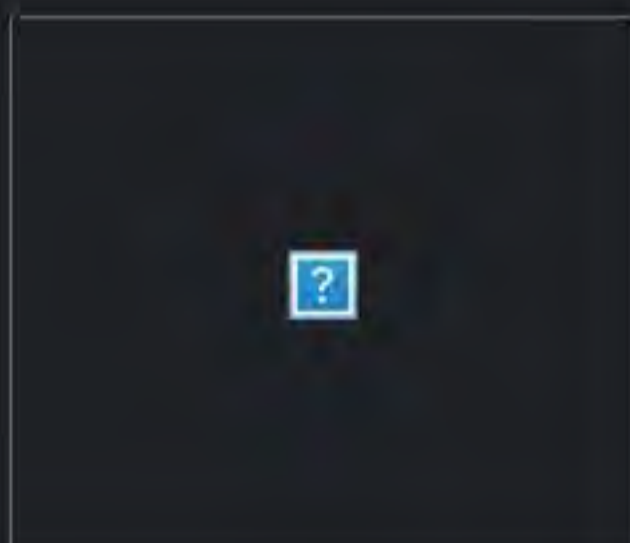
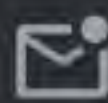
Notary Stamp or Name Typed/Printed:



My Commission Expires: _____

Serial Number (if any): 7HH287959

(Seal, if applicable)



Appointment Reminder

for Marissa Gomez

What Foster Appointment - Check-Up (Dog)
(Foster Care Clinic)

When Friday, August 23, 2024 2:30pm (30
minutes)

This is a reminder your appointment for Foster
Appointment - Check-Up (Dog) is on Friday, August 23,
2024 2:30pm

Broward County Animal Care is located at:

[2400 SW 42nd Street,](#)

[Fort Lauderdale, FL 33312](#)

Thank you and we look forward to meeting you!



ANIMAL CARE

[Change/Cancel Appointment](#)



801 South University Drive
Ste K103B
Plantation, FL 33324
United States
(754) 778-7500

[https://urgentvet.com/location/plantation/
plantation@urgentvet.com](https://urgentvet.com/location/plantation/plantation@urgentvet.com)
<https://www.facebook.com/UrgentVetPlantationFL/>

Discharge Letter
Sunday, August 25, 2024

Referring Hospital: Advanced Veterinary Care Center
Client: Matthew Coleman
Patient: Boa, American Pit Bull Terrier (Mixed), FS, 2 years 4 months, 34.4 LBS

Dear Advanced Veterinary Care Center:

Matthew Coleman presented Boa for care on Saturday, August 24, 2024. Below is a summary of her visit and treatments at UrgentVet-Plantation.

EXAM:

Boa is a 2 yr old FS canine. Presenting to UrgentVet for continuing to vomit after here visit yesterday. P vomited about 6 times, vomit consisted of yellow bile. Owner noticed symptoms began Saturday morning. Patient has previous history of limb amputation 4-5 months ago due to HBC.

Upon presentation patient is: Depressed

Patient has been eating Less . Patient ate the EN diet last not but not interested in eating this morning
Patient has been drinking Normally

Patient has experienced Vomiting
Patient has NOT experienced Coughing / Sneezing / Diarrhea.

Patient is currently on the following medications cerenia

Patient is currently up to date on vaccines.

Patient is currently on the following Flea/Tick/Heartworm Preventions Interceptor + Provecta

Patient is indoor but outdoor to eliminate

Additional Comments:

Staff Initials: AS

Subjective Assessment

Responsive **NORMAL CONDITION**

Behavioral

severe lethargy - worse than last night

Oral-Nasal-Throat

Abnormal **ABNORMAL CONDITION**

tacky mm

Ears

Normal **NORMAL CONDITION**

No inflammation or debris seen.

Eyes

Abnormal **ABNORMAL CONDITION**

mildly sunken / dehydrated

Cardiovascular

Normal Auscultation **NORMAL CONDITION**

No murmur or arrhythmia ausculted, strong and synchronous femoral pulses.

Respiratory

Normal **NORMAL CONDITION**

Eupneic, lungs sound clear, no coughing.

Abdominal

Vomiting **ABNORMAL CONDITION**

constant regurgitation - mildly pink speckled

Genitourinary

Normal **NORMAL CONDITION**

External genitalia normal in appearance.

Musculoskeletal

Normal **NORMAL CONDITION**

No lameness noted, ambulatory x 4.

Integument

Normal **NORMAL CONDITION**

Healthy coat, no lesions noted, no external parasites seen.

Lymphatics

Normal **NORMAL CONDITION**

All palpable LN normal in size.

Neurological

Normal **NORMAL CONDITION**

Normal mentation, no apparent neurological deficits noted.

Rectal

Normal **NORMAL CONDITION**

Normal external appearance, full rectal exam not performed.

Assessment

24 HOUR RECHECK

- per Os pt had some relief from the oral Cerenia and IV famotidine / SC fluids
- this morning she started with lip licking and then started dry heaving

radiographs revealed - very abnormal gas distribution; suspect FB in the the proximal GIT
- suspect mild pancreatitis

Plan

Discussed PE findings with owners.

- SWO about high concern for GI FB and need for either endoscopy, AUS, and possible exploratory surgery

Diagnostics

- CBC/Chem17 - elevated WBC and signs of inflammation
- Radiograph Series with Stat Review -
 - FB in proximal GIT

Treatment

- Referred to AVCC

Dispensed Medications

- None

Follow up with ER DVM today!

Boa is a 2yo FS canine, presenting to UrgentVet for vomiting yellow bile and shaking . Owner noticed symptoms began this morning (shaking 2 hours ago). O stated P threw up breakfast after 30 minutes. Earlier this week P was introduced to dental treats (Greenies) and 2 weeks ago P was transitioned to new dog food. O stated P has thrown up over 10 times today. O stated they don't believe P got into anything. Patient has previous history of limb amputation 4-5 months ago due to HBC.

Upon presentation patient is: Quiet and Alert -- Lethargy began this morning.

Patient has been eating Less . Patient typically eats Nature Balance dry kibble 1.5c/day
Patient has been drinking Less

Patient has experienced Vomiting
Patient has NOT experienced Coughing / Sneezing / Diarrhea.

Patient is currently on NO medications.

Patient is currently up to date on vaccines.

Patient is currently on the following Flea/Tick/Heartworm Preventions: Interceptor + Provecta given yesterday.

Patient is indoor/outdoor

Additional Comments:

Staff Initials: AC

Subjective Assessment

Alert **NORMAL CONDITION**

Responsive **NORMAL CONDITION**

Behavioral

had 3-4 episodes of regurgitation throughout hospital
appeared painful and shaking

Oral-Nasal-Throat

Normal **NORMAL CONDITION**

Age appropriate dentition. No difficulties vocalizing or swallowing noted.

Ears

Normal **NORMAL CONDITION**

External canals and pinna are normal. Intact tympanic membranes AU.

Eyes

Normal **NORMAL CONDITION**

Normal PLR (direct and indirect), normal menace, normal structures of the back of the globe. No blepharospasm or discharge noted.

Cardiovascular

Normal Auscultation **NORMAL CONDITION**

No murmur or arrhythmias noted. Pulses palpate normal and synchronous.

Respiratory

Normal **NORMAL CONDITION**

Eupneic. Regular BV sounds auscultated bilaterally; no fluid, crackles or wheezes. The trachea sounds normal and palpates normal.

Abdominal

Abnormal Palpation **ABNORMAL CONDITION**

Tense but pliable abdomen, none painful. No abnormal architecture or masses noted.

Vomiting **ABNORMAL CONDITION**

clear- clear pink fluid with speckles of brown (coffee ground like)
has had been vomiting all day; last meal AM today

Genitourinary

Normal **NORMAL CONDITION**

External genitalia normal in appearance.

Musculoskeletal

Abnormal **ABNORMAL CONDITION**

RF - amputee

Ambulatory x3. Normal muscle mass noted. No spinal pain palpated.

Integument

Normal **NORMAL CONDITION**

Healthy coat, no lesions noted, no external parasites seen.

Lymphatics

Normal **NORMAL CONDITION**

All peripheral lymph nodes palpated of regular size and shape.

Neurological

Normal **NORMAL CONDITION**

Normal mentation, normal CPs x4. No other neurologic deficits observed.

Rectal

Normal **NORMAL CONDITION**

Normal external appearance, full rectal exam not performed.

Assessment

Generally healthy adult

Acute episode of emesis and unable to hold any food down

- started this AM after meal; undigested food was noted

- since then it has continued / progressed to watery vomit that was yellow/green tinged

- before leaving the hospital watery vomit had a ting of pink in it

Appears visually uncomfortable ; shaking ; tucked into a circle (like a cat)

Suspect dietary indiscretion vs GI foreign body

Plan

Discussed PE findings with owners.

- SWO about concerns for GI foreign body vs dietary indiscretion vs pancreatitis
- SWO about topical flea/tick meds to be less likely to cause a reaction like this
- SWO about need for radiographs if this continues for the next 12 - 24 hours

Diagnostics

- CBC/Chem17/Lytes - declined today
- Radiograph Series - declined today

Treatment

- SQ Fluids - 400 SC between shoulder blades
- Famotidine (10mg/mL) - 1.5mL IV

Dispensed Medications

- Cerenia Tablets - 1/2 tablet by mouth every 24 hours for vomiting.
- EN CANS - 1/2 can every 12 hours - small and frequent meals
- Famotidine 10mg tablets - OVER THE COUNTER
 - 1.5 TABLETS BY MOUTH EVERY 12 HOURS

Follow up with rDVM in _24 HOURS -7 DAYS_ depending on improvements.

Vital Signs

Weight	34.4 LBS (15.6037KG)	Exam	Date	Weight Trend	Weight
Temperature	99.7°F By Rectal	Exam - SOAP	8/25/2024 11:05 AM	Trend Up	34.4 LBS
Heart Rate	150	Exam - SOAP	8/24/2024 6:49 PM		15.6037 KG
Respiratory Rate	30	Exam - SOAP			34.2 LBS
Pulse Quality	Strong				15.5130 KG
CRT	<2				
Mucous Membrane	pink, tacky				
Hydration	moderate dehydration				
Body Condition Score	4 - Ideal, slim				
Pain Score	4 - Moderate				

Vital Signs

Weight	34.2 LBS (15.5130KG)	Exam	Date	Weight Trend	Weight
Temperature	100.3°F By Rectal	Exam - SOAP	8/24/2024 6:49 PM		34.2 LBS
Heart Rate	130				15.5130 KG
Respiratory Rate	34				
Pulse Quality	Strong				
CRT	<2sec				

Mucous Membrane	Pink, Tacky
Hydration	mild dehydration
Body Condition Score	4 - Ideal, slim
Pain Score	2 - Mild

DIAGNOSIS:

125670008 - Foreign body
large rope toy

75478009 - Intoxication
topical flea/tick vs interceptor plus

405241002 - Dietary indiscretion

SUMMARY:

Boa Coleman's Recent Treatments

Name	Date
Medical Exam & Consult	8/25/2024 2:01 PM
Idexx In-House Comprehensive Chem17 Panel	8/25/2024 1:26 PM
Idexx In-House Comprehensive Chem17 Panel (Inventory Only)	8/25/2024 1:26 PM
Idexx Complete Blood Count CBC In-House	8/25/2024 1:26 PM
Radiology Series - Initial - Specialist Imaging - STAT Radiology Consult	8/25/2024 1:26 PM
Radiology Series - Initial - Digital X-ray, First Image	8/25/2024 1:26 PM
Radiology Series - Initial - Radiographic Interpretation	8/25/2024 1:26 PM
Famotidine 10mg/ml Injection	8/24/2024 8:14 PM
Maropitant (Cerenia) 60 mg Tablet, 4-ct Box	8/24/2024 8:14 PM

MEDICATIONS:

Boa Coleman's Medications

Name	Date	Instructions
Famotidine 10mg/ml Injection	8/24/2024	
Maropitant (Cerenia) 60 mg Tablet, 4-ct Box	8/24/2024	Anti-Nausea: Give 0.5 tablet every 24 hours as needed for vomiting. If vomiting occur, despite the administration of this medication, seek immediate veterinary care. Next Dose: Tonight as soon as you get home.

If laboratory testing and/or x-rays have been done, a copy has been emailed to Matthew Coleman. Often, our doctor has interpreted the results in the body of this letter. Please do not hesitate to contact me at (754) 778-7500 or email at plantation@urgentvet.com should you have any questions or concerns.

Thank you for your referrals,

Sara Andreu,~, D.V.M.



P: (754) 778-7500 - plantation@urgentvet.com
<https://urgentvet.com/location/plantation/>
<https://www.facebook.com/UrgentVetPlantationFL/>

Owner: Matthew Coleman (397157)
 Patient: Boa (434006)
 Breed: American Pit Bull Terrier
 Age: 2 years 4 months

Device: ProCyte_Dx

Run Date: 08/25/2024 01:41:19.386 PM

Instrument Note: Monocytosis - Consider inflammation (if lymphopenia, consider glucocorticoid response).

Test	Value	Range	Units	Status
RBC	8.05	5.65 - 8.87	M/ μ L	
HCT	51.6	37.3 - 61.7	%	
HGB	18.2	13.1 - 20.5	g/dL	
MCV	64.1	61.6 - 73.5	fL	
MCH	22.6	21.2 - 25.9	pg	
MCHC	35.3	32.0 - 37.9	g/dL	
RDW	21.4	13.6 - 21.7	%	
%RETIC	0.3		%	
RETIC	21.7	10.0 - 110.0	K/ μ L	
RETIC-HGB	25.7	22.3 - 29.6	pg	
WBC	24.01	5.05 - 16.76	K/ μ L	HIGH
%NEU	85.9		%	
%LYM	8.4		%	
%MONO	5.5		%	
%EOS	0.1		%	
%BASO	0.1		%	
NEU	20.62	2.95 - 11.64	K/ μ L	HIGH
LYM	2.01	1.05 - 5.10	K/ μ L	
MONO	1.33	0.16 - 1.12	K/ μ L	HIGH
EOS	0.02	0.06 - 1.23	K/ μ L	LOW
BASO	0.03	0.00 - 0.10	K/ μ L	
PLT	267	148 - 484	K/ μ L	
MPV	14.5	8.7 - 13.2	fL	HIGH
PDW	15.7	9.1 - 19.4	fL	
PCT	0.39	0.14 - 0.46	%	

Device: Catalyst_One

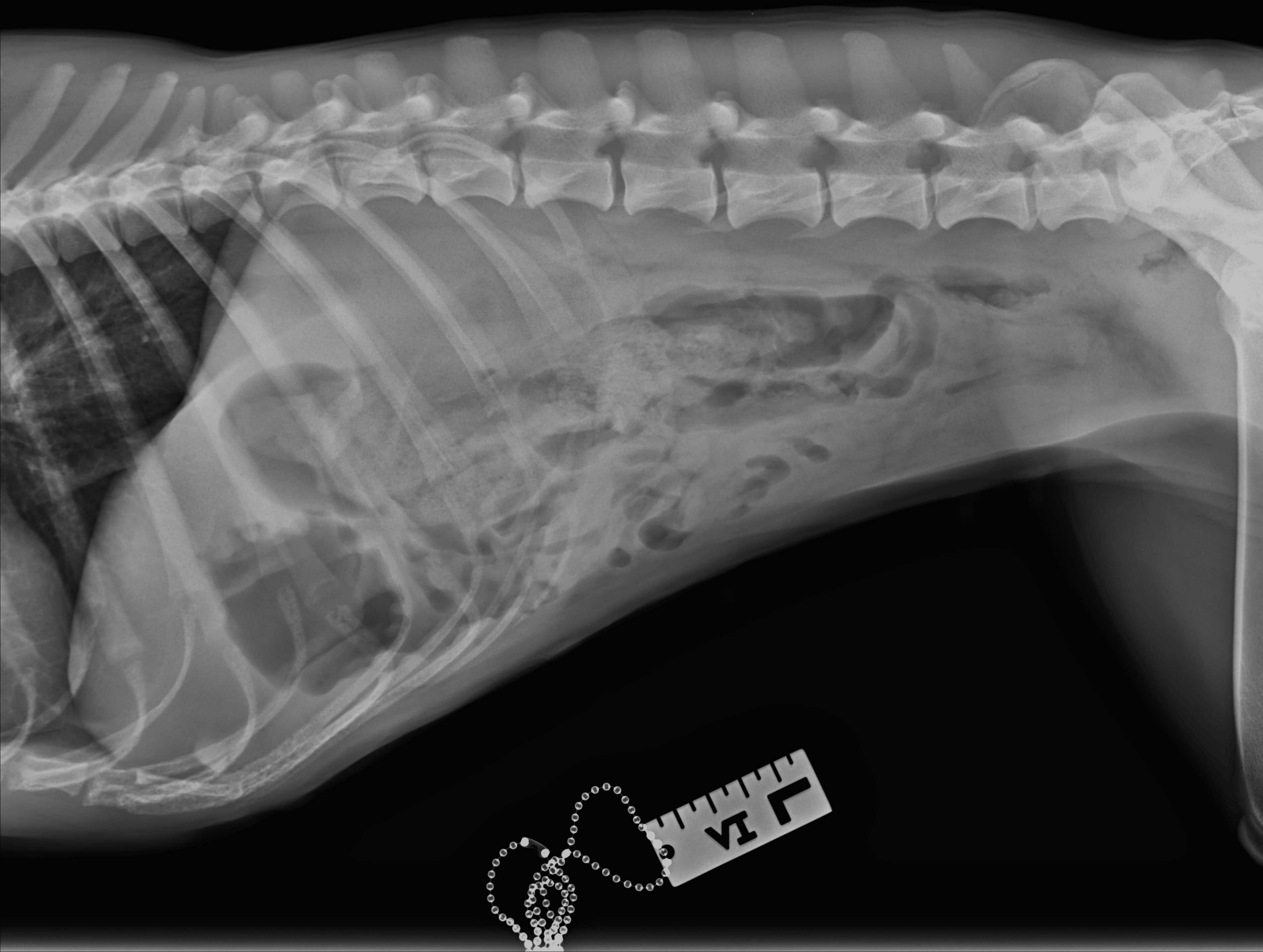
Run Date: 08/25/2024 01:48:22.488 PM

Test	Value	Range	Units	Status
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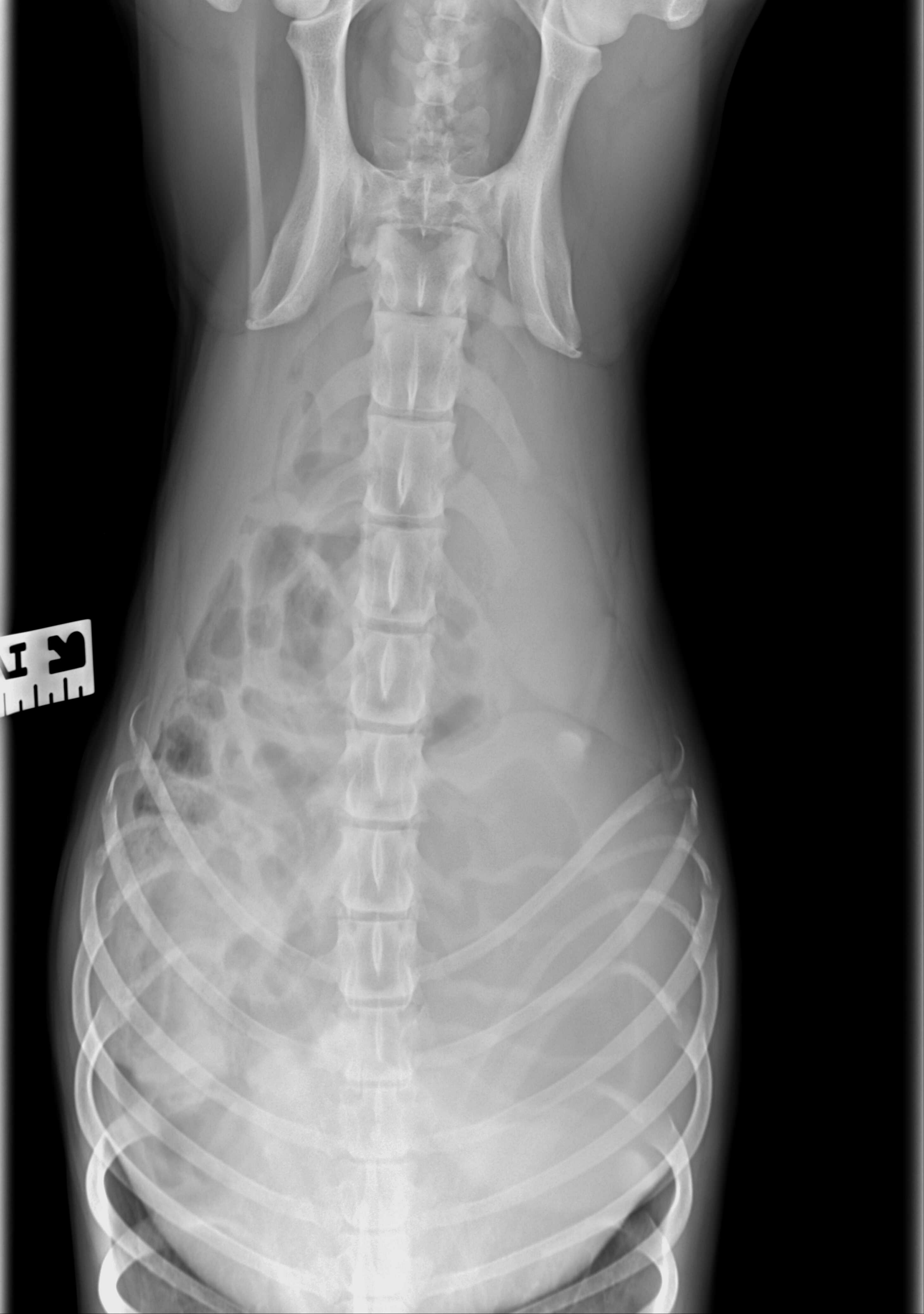
GLU	129	74 - 143	mg/dL	
CREA	1.1	0.5 - 1.8	mg/dL	
BUN	24	7 - 27	mg/dL	
BUN/CREA	23			
PHOS	4.7	2.5 - 6.8	mg/dL	
CA	9.6	7.9 - 12.0	mg/dL	
TP	8.3	5.2 - 8.2	g/dL	HIGH
ALB	3.7	2.3 - 4.0	g/dL	
GLOB	4.6	2.5 - 4.5	g/dL	HIGH
ALB/GLOB	0.8			
ALT	189	10 - 125	U/L	HIGH
ALKP	122	23 - 212	U/L	
GGT	2	0 - 11	U/L	
TBIL	0.4	0.0 - 0.9	mg/dL	
CHOL	214	110 - 320	mg/dL	
AMYL	1133	500 - 1500	U/L	
LIPA	743	200 - 1800	U/L	



R I A
VI 50







Final Report

Study Date/Time	08/25/2024 11:35 (CST)	Submitted Date/Time	08/25/2024 11:20 (CST)
Patient Name	Boa Coleman	Modality	XRAY
Patient ID	434006	Institution	UV- Plantation
Age	2 Years 0 Months 0 Days	Referring Veterinarian	Relief Vet DVM
Sex	F	Image Count	4
Species	Canine	Priority	1Hr STAT
Breed	Mixed Breed	Accession No.	1918a3f60b0
Spayed/Neutered	YES	Owner	Coleman Matthew Coleman
Weight	34.000 lbs		

CLINICAL HISTORY / CLINICAL UPDATE FOR REPEAT STUDIES

moderate-severe lethargy
anorexia
constant regurgitation - ~36hours
- mostly watery with coffee ground speckled in today
- last night is was just yellow / green watery/foam
was at vet for final boosters / preventatives 2 days ago - topical flea and tick meds apply along with oral interceptor plus
- was normal until then
vomited through cerenia medication - 6 times last night

OBSERVATIONS :

Radiography: Orthogonal views of the abdomen.

Findings:

Abdominal serosal detail is retained.

Cranial abdomen is dominated by a markedly distended stomach extending beyond the costal arch. The gastric lumen contains heterogeneous ingesta, fluid and gas. The pylorus is moderately gas-distended on the left lateral view; some irregular soft tissue material is seen within the dorsal aspect of the pylorus, likely lodged within the gastric outflow tract/pyloricoduodenal junction; the same material was also noted within the gastric outflow tract on the ventrodorsal projection. Also noted on the left lateral view is a clump of unusual amorphous soft tissue material within the gastric fundus.

The descending duodenum contains some linear gas streaked soft tissue material in the right cranial abdominal quadrant on the VD view. The same material is seen extending through the mid cranial abdomen on the left lateral projection.

The small intestines have a mixed soft tissue gas and ingesta patent and are mildly distended. The distended gastric fundic lumen displaces most of the intestines right with midline on the VD views.

The colon contains small volumes of amorphous poorly formed fecal material, gas and fluid and is challenging to differentiate from the streaked duodenal material on all views.

The hepatic silhouette appears of normal size and shape.

The splenic silhouette is small with sharp margins.

The left renal silhouette appears within normal limits; the right renal silhouette is border effaced.

The retroperitoneal space retains detail.

The urinary bladder silhouette is minimally distended.

The musculoskeletal system appears within normal limits.

The included part of the thorax appears within normal limits.

Conclusions:

Gastric outflow tract obstruction from foreign body material with marked associated gastric luminal distention: A linear foreign body component extending through the duodenum (and probably into the proximal jejunum) is present, likely anchored within the pylorus.

Small spleen consistent with hypovolemia.

Comments:

Consider fluid resuscitation with exploratory celiotomy.

For report questions: Referring veterinarians or clinic staff may use the live chat feature in our portal or email report questions to clinical@vcradiology.com

Electronically Signed By : Tim Spotswood BVSC, MMEDVET, DECVDI

Approval Date/Time : 08/25/2024 11:54 (CST)

Patient Name : Coleman Boa

Patient ID : 434006

Site Code : 04246

This report was generated using a speech recognition system which can lead to unintentional typographical or grammatical errors. If there are any concerns with regards to the report content, please contact us for clarification.



UrgentVet-Plantation
 801 South University Drive
 Ste K103B
 Plantation, FL 33324
 United States
 (754) 778-7500
 plantation@urgentvet.com

CONSENT INTAKE FORM

Pet Information: Name: Boa Species: Canine Breed: American Pit Bull Terrier (Mixed) Color: Brindle Age: 2 years 4 months Sex: Female Spayed	Owner Information: Name: Matthew Coleman Address: 6700 Cypress Rd Apt 104 Plantation, FL 33317 Phone:(954) 683-2871 Email: 15mattcole15@gmail.com
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PET PHOTO CONSENT FORM

I, Matthew Coleman, hereby grant UrgentVet permission to use any photographs taken of myself or my pet(s), in any and all of its publications, without restriction as to manner, frequency, or duration of usage, including for the purpose of paid promotion or advertising and posting on social media accounts and the Clinic website, without payment or any other consideration. I understand and agree that these materials will become the Clinic's property and will not be returned. I hereby authorize the Clinic to edit, alter, copy, exhibit, publish, or distribute any photograph taken of myself or my pet(s) for purposes of publicizing the Clinic's programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of any photographs taken of myself or my pet(s). I hereby release rights to all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or my estate have or may have by reason of this authorization. In signing this consent form, I authorize the use of my name and my pet(s)' name and information as printed above. This consent form only gives authorization for the current visit. Any future visits or updates will be subject to a new consent form.

Please initial your choice below.

<u>MC</u>	I consent to the above terms
_____	I "Do Not" consent to any use of photographs taken of myself or my pet(s).

MEDICAL RECORD RELEASE CONSENT FORM

I understand that I am authorizing UrgentVet to share my pets' medical records with my primary care veterinarian that I have listed on the check-in documentation as well as an emergency veterinarian in the case it is necessary for my pet

Please initial your choice below.

<u>MC</u>	I consent to the above terms
_____	I "Do Not" consent UrgentVet to share my pets' medical records with my primary care veterinarian.

RESUSCITATION STATUS

In the event that Boa should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitation efforts to be initiated until you can be contacted further and notified of Boa's status? By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

Please initial your choice below.

<u>MC</u>	I agree to CPR being performed in case of arrest
_____	I elect a "Do Not Resuscitate" status in case of arrest

Best phone number to contact you: (954) 683-2871

By signing below I acknowledge that I have fully read, understood, and accepted the terms above.

A handwritten signature in blue ink, consisting of the letters 'MC' in a cursive, stylized font.

Matthew Coleman
Owner (or agent of the owner) signature



801 South University Drive
Ste K103B
Plantation, FL 33324
United States
(754) 778-7500

[https://urgentvet.com/location/plantation/
plantation@urgentvet.com](https://urgentvet.com/location/plantation/plantation@urgentvet.com)
<https://www.facebook.com/UrgentVetPlantationFL/>

Discharge Letter
Saturday, August 24, 2024

Referring Hospital: No General Practice
Client: Matthew Coleman
Patient: Boa, American Pit Bull Terrier (Mixed), FS, 2 years 4 months, 34.2 LBS

Dear No General Practice:

Matthew Coleman presented Boa for care on Saturday, August 24, 2024. Below is a summary of her visit and treatments at UrgentVet-Plantation.

EXAM:

Boa is a 2yo FS canine, presenting to UrgentVet for vomiting yellow bile and shaking . Owner noticed symptoms began this morning (shaking 2 hours ago). O stated P threw up breakfast after 30 minutes. Earlier this week P was introduced to dental treats (Greenies) and 2 weeks ago P was transitioned to new dog food. O stated P has thrown up over 10 times today. O stated they don't believe P got into anything. Patient has previous history of limb amputation 4-5 months ago due to HBC.

Upon presentation patient is: Quiet and Alert -- Lethargy began this morning.

Patient has been eating Less . Patient typically eats Nature Balance dry kibble 1.5c/day
Patient has been drinking Less

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Patient has NOT experienced Coughing / Sneezing / Diarrhea.

Patient is currently on NO medications.

Patient is currently up to date on vaccines.

Patient is currently on the following Flea/Tick/Heartworm Preventions: Interceptor + Provecta given yesterday.

Patient is indoor/outdoor

Additional Comments:

Staff Initials: AC

Subjective Assessment

Alert **NORMAL CONDITION**

Responsive **NORMAL CONDITION**

Behavioral

had 3-4 episodes of regurgitation throughout hospital
appeared painful and shaking

Oral-Nasal-Throat

Normal **NORMAL CONDITION**

Age appropriate dentition. No difficulties vocalizing or swallowing noted.

Ears

Normal **NORMAL CONDITION**

External canals and pinna are normal. Intact tympanic membranes AU.

Eyes

Normal **NORMAL CONDITION**

Normal PLR (direct and indirect), normal menace, normal structures of the back of the globe. No blepharospasm or discharge noted.

Cardiovascular

Normal Auscultation **NORMAL CONDITION**

No murmur or arrhythmias noted. Pulses palpate normal and synchronous.

Respiratory

Normal **NORMAL CONDITION**

Eupneic. Regular BV sounds auscultated bilaterally; no fluid, crackles or wheezes. The trachea sounds normal and palpates normal.

Abdominal

Abnormal Palpation **ABNORMAL CONDITION**

Tense but pliable abdomen, none painful. No abnormal architecture or masses noted.

Vomiting **ABNORMAL CONDITION**

clear- clear pink fluid with speckles of brown (coffee ground like)
has had been vomiting all day; last meal AM today

Genitourinary

Normal **NORMAL CONDITION**

External genitalia normal in appearance.

Musculoskeletal

Abnormal **ABNORMAL CONDITION**

RF - amputee

Ambulatory x3. Normal muscle mass noted. No spinal pain palpated.

Integument

Normal **NORMAL CONDITION**

Healthy coat, no lesions noted, no external parasites seen.

Lymphatics

Normal **NORMAL CONDITION**

All peripheral lymph nodes palpated of regular size and shape.

Neurological

Normal **NORMAL CONDITION**

Normal mentation, normal CPs x4. No other neurologic deficits observed.

Rectal

Normal **NORMAL CONDITION**

Normal external appearance, full rectal exam not performed.

Assessment

Generally healthy adult

Acute episode of emesis and unable to hold any food down

- started this AM after meal; undigested food was noted
- since then it has continued / progressed to watery vomit that was yellow/green tinged
- before leaving the hospital watery vomit had a ting of pink in it

Appears visually uncomfortable ; shaking ; tucked into a circle (like a cat)

Suspect dietary indiscretion vs GI foreign body

Plan

Discussed PE findings with owners.

- SWO about concerns for GI foreign body vs dietary indiscretion vs pancreatitis
- SWO about topical flea/tick meds to be less likely to cause a reaction like this
- SWO about need for radiographs if this continues for the next 12 - 24 hours

Diagnostics

- CBC/Chem17/Lytes - declined today
- Radiograph Series - declined today

Treatment

- SQ Fluids - 400 SC between shoulder blades
- Famotidine (10mg/mL) - 1.5mL IV

Dispensed Medications

- Cerenia Tablets - 1/2 tablet by mouth every 24 hours for vomiting.
- EN CANS - 1/2 can every 12 hours - small and frequent meals
- Famotidine 10mg tablets - OVER THE COUNTER
 - 1.5 TABLETS BY MOUTH EVERY 12 HOURS

Follow up with rDVM in 24 HOURS -7 DAYS depending on improvements.

Vital Signs

Weight	34.2 LBS (15.5130KG)	Exam	Weight Trend	Date	Trend	Weight
Temperature	100.3°F By Rectal	Exam - SOAP	8/24/2024 6:49 PM			34.2 LBS
Heart Rate	130					15.5130 KG
Respiratory Rate	34					
Pulse Quality	Strong					
CRT	<2sec					
Mucous Membrane	Pink, Tacky					
Hydration	mild dehydration					
Body Condition Score	4 - Ideal, slim					
Pain Score	2 - Mild					

DIAGNOSIS:

75478009 - Intoxication
topical flea/tick vs interceptor plus

405241002 - Dietary indiscretion

SUMMARY:

Boa Coleman's Recent Treatments

Name	Date
Famotidine 10mg/ml Injection	8/24/2024 8:14 PM
Maropitant (Cerenia) 60 mg Tablet, 4-ct Box	8/24/2024 8:14 PM
Gastroenteritis Canine - Purina EN Canine, 13.4-oz Can	8/24/2024 8:14 PM
Gastroenteritis Canine - Medical Exam & Consult	8/24/2024 8:14 PM
Gastroenteritis Canine - SQ Fluid Admin	8/24/2024 8:14 PM

MEDICATIONS:

Boa Coleman's Medications

Name	Date	Instructions
Famotidine	8/24/2024	

10mg/ml

Injection

Maropitant

(Cerenia) 60 mg

Tablet, 4-ct Box

8/24/2024 vomiting occur, despite the administration of this medication, seek immediate veterinary care. Next Dose: Tonight as soon as you get home.

If laboratory testing and/or x-rays have been done, a copy has been emailed to Matthew Coleman. Often, our doctor has interpreted the results in the body of this letter. Please do not hesitate to contact me at (754) 778-7500 or email at plantation@urgentvet.com should you have any questions or concerns.

Thank you for your referrals,

Merna Abdo, ~, D.V.M.



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<https://urgentvet.com/location/plantation/>

Follow us on Facebook @urgentvetclinics, Twitter @urgentvetclinic, and Instagram @urgentvet. We love to hear from followers and see pics!

If these instructions are unclear or do not seem to make sense to you PLEASE ask questions.

DISCHARGE INSTRUCTIONS

Patient: Boa Coleman Date: Saturday, August 24, 2024

Problem List:

Patient Diagnosis			
Patient Name	Date	Name	Comments
Boa	8/24/2024	75478009 - Intoxication	topical flea/tick vs interceptor plus
Boa	8/24/2024	405241002 - Dietary indiscretion	

Treatments Performed:

Boa Coleman's Recent Treatments	
Name	Date
Famotidine 10mg/ml Injection	8/24/2024 8:14 PM
Maropitant (Cerenia) 60 mg Tablet, 4-ct Box	8/24/2024 8:14 PM
Gastroenteritis Canine - Purina EN Canine, 13.4-oz Can	8/24/2024 8:14 PM
Gastroenteritis Canine - Medical Exam & Consult	8/24/2024 8:14 PM
Gastroenteritis Canine - SQ Fluid Admin	8/24/2024 8:14 PM

Subcutaneous fluids: Boa was given fluids under the skin to help maintain hydration. These fluids will absorb slowly over the next several hours. Until absorbed you may note a bump on the back that can shift and change position under the skin. There may also be a small amount of fluid that comes from the injection site.

Famotidine: Boa was given a dose of Famotidine, which is used to decrease stomach acid. This medication is useful in any situation where stomach irritation is an issue and ulceration is a concern. It is often used in the treatment of any

disease involving protracted vomiting, or chronically in combination with medications which may have stomach irritating properties. This medication will last 12 hours.

Medications being dispensed:

Boa Coleman's Medications

Name	Date	Instructions
Famotidine 10mg/ml Injection	8/24/2024	
Maropitant (Cerenia) 60 mg Tablet, 4-ct Box	8/24/2024	Anti-Nausea: Give 0.5 tablet every 24 hours as needed for vomiting. If vomiting occur, despite the administration of this medication, seek immediate veterinary care. Next Dose: Tonight as soon as you get home.

Be sure to follow the label instructions for any medication(s) dispensed today. *If you have additional medication(s) for Boa at home, please follow the directions given to you by your primary care veterinarian unless otherwise instructed by UrgentVet-Plantation. Check with your primary care veterinarian before giving Boa any non-prescription or over-the-counter medications (e.g., aspirin).*

Follow-up Examination:

Please see your primary care veterinarian in 24 hours for a recheck.

Based on diagnostic imaging or exam findings and history, your pet is suspected to have a foreign body obstruction or intoxication via topical preventative medication or dietary indiscretion.

We were not able to confirm an obstruction as xrays were declined today. At this point, it would be ideal to perform a barium study or an abdominal ultrasound on your pet to confirm an obstruction. If obstruction is confirmed, this is an emergency which requires surgery. Alternatively, you may elect to defer the barium study and have an exploratory surgery performed on your pet. If Boa does not vomit up or pass the supposed obstruction in the next 12-24 hours, or Boa appears to become more uncomfortable, please have Boa rechecked immediately at an E.R. or with your primary care veterinarian.

*Due to COVID-19, general practices are booking several days or weeks in advance. Please call your primary veterinarian as soon as you can for this recheck appointment. The successful resolution of a medical condition is often dependent on a timely recheck.

Restrictions in activity:

MILD

- ✓ Restrict activity for 14 days to allow close monitoring. Leash walks only. Absolutely NO running, jumping, or rough play.

We know how difficult it can be to restrict movement in an active pet. If you believe this will be a problem for Boa, please ask our doctor to prescribe a mild sedative. Complications can often be avoided by preventing excessive activity

Suspected Foreign Body/Obstruction

General information

Foreign body obstructed patient's with the best prognosis, are usually patients who receive the quickest treatment or surgical intervention to correct an obstruction. The longer a patient is obstructed, the greater the risk of bloat, surgical

dehiscence, other surgical complications, or even death of the pet.

Vomiting may be caused by primary gastrointestinal (GI) problems. These include foreign material caught in the GI tract, eating something that upsets the GI tract, certain infections or inflammatory conditions of the GI tract, or some cancers that can occur in the GI tract. These signs can also be secondary to problems outside of the GI tract such as toxins, inflammation of the pancreas (pancreatitis), abnormalities in the liver, abnormalities of the neurologic system, problems with the kidneys, or certain conditions with the endocrine system that controls hormones. Often it is recommended to perform radiographs (x-rays) to rule out an obstruction of the GI tract, which would require surgical treatment. It is also often recommended to perform bloodwork to rule out certain conditions outside the GI tract and also to check for changes in blood counts and electrolyte changes that may occur due to fluid loss with vomiting and diarrhea. Supportive care is often necessary to maintain hydration, stop nausea, and help decrease diarrhea. If signs continue or recur despite treatment, often additional diagnostic testing may be recommended.

Today you declined testing and elected to treat Boa's signs symptomatically. Please understand that diagnostic testing may be indicated if Boa's signs do not improve with treatment.

At this time, we are starting Boa on a sensitive stomach food. Boa also received some fluids under the skin and an anti-nausea medication that will last for approximately 24 hours. The anti-nausea medication is a very strong medication and Boa should not have any more vomiting with this medication on board. If Boa continues to vomit despite the anti-nausea injection, she needs to be reevaluated immediately as this can indicate a more serious underlying issue.

Supportive care is often necessary to maintain hydration, stop nausea, and help decrease diarrhea. If Boa is not improving with this treatment, it is recommended to perform radiographs (x-rays) to rule out an obstruction of the GI tract, which would require surgical treatment. It is also often recommended to perform bloodwork to rule out certain conditions outside the GI tract and also to check for changes in blood counts and electrolyte changes that may occur due to fluid loss with vomiting and diarrhea.

DIET :

To help support the GI system until the symptoms resolve please offer a small amount of a bland diet 3-4 times per day for the next week. Then slowly transition Boa back to the regular diet over the second week. A homemade diet can be prepared with a mixture of one of the following protein and carbohydrate sources (1 part protein to 2 parts carbohydrate):

Protein source:

1. Canned fat free chicken (in water) or boiled chicken without the skin
2. Boiled hamburger (lean ideal)
3. Low fat cottage cheese

Carbohydrate source:

1. Boiled white rice
2. Baked potato no skin

Do not feed or offer any water until you get home. You may then offer a small amount of water at a time. If there is no further vomiting you may begin to offer 1-2 Tablespoons of bland food. If Boa keeps this down you may continue to offer small, frequent meals. You may gradually begin to increase the amount and decrease the frequency fed. After 3 days of bland diet, or once the stool is completely back to normal, you may transition back to normal diet over an additional 3 days by gradually mixing it back in

OVER THE COUNTER MEDICATIONS :

- Famotidine (10mg) - Please give **1.5** tablet(s) by mouth twice daily (every 12 hours) for 3 days. This medication is an antacid that can be purchased over the counter at any pharmacy or grocery store under the name "Pepcid AC". Please check the label and make sure to purchase 10mg tablets containing no other active ingredients.

Finally, Boa should not worsen during treatment. Please monitor Boa closely until she is eating, drinking, and defecating normally. It may take up to 7 days for the diarrhea to fully resolve. Signs of worsening include continued vomiting, a significant amount of blood present in the diarrhea, abdominal pain, abdominal distention, continued lethargy, or not

eating for more than 12-24 hours. If Boa worsens, additional treatment and diagnostics may be necessary. If you have any concerns about Boa 's condition, please do not hesitate to contact UrgentVet or your primary care veterinarian.

It was a pleasure to treat Boa today,
Sara Andreu, D.V.M.

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UrgentVet-Plantation
 801 South University Drive
 Ste K103B
 Plantation, FL 33324
 United States
 (754) 778-7500
 plantation@urgentvet.com

CONSENT INTAKE FORM

Pet Information: Name: Boa Species: Canine Breed: American Pit Bull Terrier (Mixed) Color: Brindle Age: 2 years 4 months Sex: Female Spayed	Owner Information: Name: Matthew Coleman Address: Phone: (954) 683-2871 Email: 15mattcole15@gmail.com
--	--

PET PHOTO CONSENT FORM

I, Matthew Coleman, hereby grant UrgentVet permission to use any photographs taken of myself or my pet(s), in any and all of its publications, without restriction as to manner, frequency, or duration of usage, including for the purpose of paid promotion or advertising and posting on social media accounts and the Clinic website, without payment or any other consideration. I understand and agree that these materials will become the Clinic's property and will not be returned. I hereby authorize the Clinic to edit, alter, copy, exhibit, publish, or distribute any photograph taken of myself or my pet(s) for purposes of publicizing the Clinic's programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of any photographs taken of myself or my pet(s). I hereby release rights to all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or my estate have or may have by reason of this authorization. In signing this consent form, I authorize the use of my name and my pet(s)' name and information as printed above. This consent form only gives authorization for the current visit. Any future visits or updates will be subject to a new consent form.

Please initial your choice below.

<u>MC</u>	I consent to the above terms
_____	I "Do Not" consent to any use of photographs taken of myself or my pet(s).

MEDICAL RECORD RELEASE CONSENT FORM

I understand that I am authorizing UrgentVet to share my pets' medical records with my primary care veterinarian that I have listed on the check-in documentation as well as an emergency veterinarian in the case it is necessary for my pet

Please initial your choice below.

_____	I consent to the above terms
<u>MC</u>	I "Do Not" consent UrgentVet to share my pets' medical records with my primary care veterinarian.

RESUSCITATION STATUS

In the event that Boa should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitation efforts to be initiated until you can be contacted further and notified of Boa's status? By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

Please initial your choice below.

<u>MC</u>	I agree to CPR being performed in case of arrest
_____	I elect a "Do Not Resuscitate" status in case of arrest

Best phone number to contact you: (954) 683-2871

By signing below I acknowledge that I have fully read, understood, and accepted the terms above.

A handwritten signature in blue ink, appearing to read 'MC', is written on a light blue rectangular background.

Matthew Coleman
Owner (or agent of the owner) signature



Practice
 records@advetcc.com
 (954) 500-8387

Patient
 Boa Coleman
 2 YO FS AMAST
 Patient ID: CA243426
 Visit: 08/25/24

Account
 Matthew Coleman
 Account ID: 24234C
 (954) 683-2871
 15mattcole15@gmail.com

Boa Coleman

Visit Report: Sunday, August 25, 2024

Hospital: Advanced Veterinary Care Center - 8920 W State Rd 84, Davie, FL 33324

Visit	Patient	Account
Veterinarian: Jacqueline Serio	Boa Coleman (ID CA243426)	Matthew Coleman (ID 24234C)
Check In: 08/25/24, 2P	DOB: Aug 25, 2022	6700 Cypress Rd, Plantation, FL 33317, USA
Check Out: 08/26/24, 5P	Sex: Female Spayed	(954) 683-2871
	Species: Canine	15mattcole15@gmail.com
	Breed: American Mastiff	
	Weight: 16.32kg	

Invoice #46460

DATE	ID	ORDER	QTY	PRICE	DR	SUBTOTAL
08/25/24	6005679	ER Consultation	1 ea	\$145.00	ZAM	\$145.00
08/25/24	NOVAVBG	Venous Blood Gas (Nova)	1 ea	\$82.00	ZAM	\$82.00
08/25/24	labpcv001	Packed Cell Volume (PCV)	1 ea	\$40.00	ZAM	\$40.00
08/25/24	6005711	Hospitalization	1 ea	\$108.00	ZAM	\$108.00
08/25/24	6006751	IV Fluids per day, <13kg	1 ea	\$105.00	ZAM	\$105.00
08/25/24	6005720	Daily Patient Care Nursing ICU 1 (single pump fluid therapy, none/min monitoring)	1 ea	\$414.00	ZAM	\$414.00
08/25/24	6006777	IV Catheter - Standard	1 ea	\$109.00	ZAM	\$109.00
08/25/24	6006552	Primary IV Plum Set	1 ea	\$55.00	ZAM	\$55.00
08/25/24	6006739	IV Extension Set, 30"	2 ea	\$38.00	ZAM	\$38.00
08/25/24	6006404	Cerenia [Maropitant] inj 10mg/ml (per ml)	1.55 mL	\$104.65	ZAM	\$104.65
08/25/24	17722	Potassium Chloride [KCL] inj 2mEq/ml (per ml) - fluids	12.8 mL	\$63.60	ZAM	\$63.60
08/25/24	47786	Midazolam [C-4] 5mg/mL (per ml)	0.8 mL	\$41.20	ZAM	\$41.20
08/25/24	6006403	Cefazolin inj 100mg/ml (per ml)	3.4 mL	\$41.40	ZAM	\$41.40
08/25/24	46230	Fentanyl [C-2] inj 50mcg/ml	27 mL	\$146.00	ZAM	\$146.00
08/25/24	PROP20ML	Propofol inj (20ml vial)	1 ea	\$62.00	ZAM	\$62.00
08/25/24	6011257	Emergency Nurse Anesthetist	2 ea	\$400.00	SXTECH	\$400.00
08/25/24	6009139	Emergency Procedure Fee	1 ea	\$400.00	SEV	\$400.00
08/25/24	IVSEVOIND	Sevoflurane and IV Induction	1 ea	\$289.00	SEV	\$289.00
08/25/24	IVSEVO15	Sevoflurane Anesthesia, Additional 15 mins	4 ea	\$412.00	SEV	\$412.00
08/25/24	LAPENT	Lap Enterotomy	1 ea	\$1,236.00	SEV	\$1,236.00
08/25/24	6006831	Surgical Supplies/Disposables	1 ea	\$365.00	SEV	\$365.00
08/25/24	6007306	E-Collar All Sizes	1 ea	\$25.00	ZAM	\$25.00
08/25/24	7215	Rx Gabapentin 100mg capsule	60 cap	\$35.40	ZAM	\$35.40
08/26/24	NOVAVBG	Venous Blood Gas (Nova)	1 ea	\$82.00	ZAM	\$82.00
08/26/24	NOVAVBG	Venous Blood Gas (Nova)	1 ea	\$82.00	SER	\$82.00



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Patient
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 2 YO FS AMAST
 Patient ID: CA243426
 Visit: 08/25/24

Account
 Matthew Coleman
 Account ID: 24234C
 (954) 683-2871
 15mattcole15@gmail.com

DATE	ID	ORDER	QTY	PRICE	DR	SUBTOTAL
08/26/24	17722	Potassium Chloride [KCL] inj 2mEq/ml (per ml) - fluids	15 mL	\$68.00	SER	\$68.00
08/26/24	6006751	IV Fluids per day, <13kg	1 ea	\$105.00	SER	\$105.00
08/26/24	6006404	Cerenia [Maropitant] inj 10mg/ml (per ml)	1.55 mL	\$104.65	SER	\$104.65
08/26/24	RVWINV	Invoice Reviewed (Management)	1 ea	\$0.00	!!!	\$0.00

Subtotal		\$5,158.90
Total		\$5,158.90
Payments		
08/25/24, 3P	Credit/Debit Card	\$5,346.00
Refunds		
08/27/24, 9A	Credit/Debit Card	\$187.10
Payments Total:		\$5,346.00
Payments Unapplied:		(\$0.00)
Invoice Balance:		\$0.00
Account Balance:		\$0.00





Boa Coleman (CA243426)

Visit Report: Sunday, August 25, 2024

VISIT	PATIENT	ACCOUNT
Reason: FB Veterinarian: Jacqueline Serio Check In: 08/25/24, 2P Check Out: 08/26/24, 5P	Boa Coleman (ID CA243426) 2 YO FS AMAST (DOB: Aug 25, 2022) Female Spayed Canine American Mastiff Weight: 16.32kg Microchip #: None	Matthew Coleman (ID 24234C) 6700 Cypress Rd, Plantation, FL 33317, USA (954) 683-2871 15mattcole15@gmail.com

ER Inpatient Discharge (Basic), Completed: 08/26/24, 3P

Veterinarian: Jacqueline Serio

DISCHARGE INSTRUCTIONS

Diagnosis/Assessment	Post op Enterotomy for foreign material Hypokalemia, mild, persistent' Hypovolemia, resolved Hx of vehicular trauma and RFL amputation
Diagnostics	8/25 - CBC/CHEM: WBC 24k, neut 20.6k, mono 1.33, TP 8.3, Alb 3.7, glob 4.6, ALT 189. - Abdominal radiographs: Gastric outflow tract obstruction from foreign body material with marked associated gastric luminal distention: A linear foreign body component extending through the duodenum (and probably into the proximal jejunum) is present, likely anchored within the pylorus. Small spleen consistent with hypovolemia. - NOVA: Hct 51%, Na 137.7, K 3.07, lact 3.3, BUN 25, creat 0.3. - PCV/TS: 53%/8.7g/dL 8/26 -NOVA: Na 140.9 mmol/L, K 3.55 mmol/L, Cl 104.7 mmol/L, otherwise normal
Clinical Summary	<p>Surgery Performed: Enterotomy to remove foreign material from the intestine</p> <p>Boa was taken to surgery and foreign material was removed from the intestine. If she recovers well from this surgery, we expect no long term negative effect. However, please supervise your pet closely when playing with toys in order to prevent her from eating foreign material inside and/or outside of the home. Adhesions and narrowing of the gastrointestinal tract (which can lead to even more gastrointestinal obstructions and long term problems) can occur if pets undergo multiple foreign body surgeries.</p> <p>1. Exercise: Please do not allow any running, jumping or playing rough with other pets for the next two weeks while she heals. Your pet should be taken outside on leash at all times to prevent running.</p> <p>2. Incision: Please monitor the abdominal incision for any increased redness,</p>



(954) 500-8387 | records@advetcc.com

Boa Coleman (CA243426)

Visit Report: Sunday, August 25, 2024

	<p>swelling, pain or discharge and contact us with any questions or concerns. Please keep the incision clean and dry. No bathing or swimming for 2 weeks.</p> <p>3. E-collar: Please make sure he wears the e-collar at all times for the next 2 weeks to prevent licking or chewing the incision. You can remove it when you are watching her, but please replace it when she is left alone.</p> <p>4. Diet: Please feed your pet smaller meals 3-4 times a day for the next 2 weeks. We don't want her to eat huge meals while healing.</p> <p>5. Monitoring: Please contact us immediately if Boa stops eating, starts vomiting or develops a painful and distended abdomen. We are open 24/7 and we always have a doctor in the building to help your pet. These signs can occur if the incision in the gastrointestinal tract has opened up and gastrointestinal contents leak into the abdomen. This is a rare but a very serious complication and if it occurs, she would need emergency surgery to treat his septic abdomen.</p> <p>Recheck: The skin sutures are absorbable and do not need to be removed, but the incision should be checked by a veterinarian in 10-14 days to ensure it is fully healed. Please make an appointment with Dr. Arulpragasam or your local veterinarian to have the incision checked in 10-14 days.</p>
Feeding Instructions	Please feed Boa her normal diet in several smaller meals through the day for the next few days, and then transition back to (her/him) normal routine. She should have no treats or table food during this time. Alternatively, if you would like, you can offer a bland diet of boiled chicken or turkey and rice with no seasonings.
Monitoring	Please monitor Boa for any abnormal behavior and contact a veterinarian if noted. This includes but is not limited to change in appetite or drinking, development or worsening of vomiting or diarrhea, change in urination, trouble breathing, pale (white) gums, lethargy, collapse or seizures/tremors. If your pet was sent home with a catheter bandage, please remove that bandage within 20-30 minutes.
Medications	Rx Gabapentin 100mg capsule: Give 2 capsules by mouth every 8-12 hours for pain and discomfort. May cause sedation. NEXT DUE: 10PM
Thank You	Thank you for allowing us to be a part of your pet's care. If you have any questions or concerns, please call us any time at (954) 500-8387.