Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist

Person/Foster/Adopter/Rescue Partner Requesting Reimbursement:

Name: IHeart Rescue, Cindy Mucciaccio

Meeting Date: 7/29/2021

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

Amount of Charges: $796.31

Funds available: [Signature]

Broward County Board of County Commissioners
Mark D. Bogen • Beam Furr • Steve Geller • Dale V.C. Holness • Lamar Fisher • Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine
www.broward.org
<table>
<thead>
<tr>
<th>NAME</th>
<th>Cindy Mucciaccio/Heart Rescue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>Animal Name</td>
<td>JERRY</td>
</tr>
<tr>
<td>Animal ID#</td>
<td>A</td>
</tr>
</tbody>
</table>

Chronological History Timeline:

Date: 07/10/2020

ANIMAL WAS TAKEN FROM THE SHELTER ON THE ABOVE DATE WITH A BLOATED ABDOMEN, SURGERY WAS PERFORMED AND THE ANIMAL PASSED DURING SURGERY, POSSIBLE HEART FAILURE.

Date: 07/10/2020

SAME AS ABOVE
TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT NO FUNDS WERE COLLECTED FROM ANY 3RD PARTY, IN REGARD TO THE ABOVE ANIMAL.

RESPECTFULLY SUBMITTED,

CINDY MUCCIACCIO
Client: Cindy Mucciaccio I Heart Rescue  

<table>
<thead>
<tr>
<th>Product / Service</th>
<th>Quantity</th>
<th>Price (Exc)</th>
<th>Tax</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Xrays 2 View</td>
<td>1.00</td>
<td>163.98</td>
<td>0.00%</td>
<td>122.98</td>
</tr>
<tr>
<td>I Heart Rescue Exam</td>
<td>1.00</td>
<td>15.00</td>
<td>0.00%</td>
<td>15.00</td>
</tr>
<tr>
<td>CBC In House</td>
<td>1.00</td>
<td>54.62</td>
<td>0.00%</td>
<td>40.96</td>
</tr>
<tr>
<td>Rescue IV Fluid Therapy</td>
<td>1.00</td>
<td>25.00</td>
<td>0.00%</td>
<td>25.00</td>
</tr>
<tr>
<td>Ultrasound (Brief)</td>
<td>1.00</td>
<td>93.22</td>
<td>0.00%</td>
<td>69.91</td>
</tr>
<tr>
<td>Exploratory Laprotomy Surgery</td>
<td>1.00</td>
<td>600.00</td>
<td>0.00%</td>
<td>390.00</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1.00</td>
<td>91.07</td>
<td>0.00%</td>
<td>59.20</td>
</tr>
<tr>
<td>Surgical Packs</td>
<td>1.00</td>
<td>45.32</td>
<td>0.00%</td>
<td>25.46</td>
</tr>
<tr>
<td>Surgical Technician Per Hour</td>
<td>1.00</td>
<td>48.92</td>
<td>0.00%</td>
<td>31.80</td>
</tr>
<tr>
<td>Rescue medical Waste</td>
<td>1.00</td>
<td>6.00</td>
<td>0.00%</td>
<td>6.00</td>
</tr>
<tr>
<td>Veterinary Assistance Rescue</td>
<td>1.00</td>
<td>6.00</td>
<td>0.00%</td>
<td>6.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Subtotal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rescue 25% Discount Discount</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Rescue 35% Discount Discount</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tax</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AMOUNT DUE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Credit Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REMAINING BALANCE</td>
</tr>
</tbody>
</table>
### Clinical History for Jerry (ID: 30612)

- **Client**: I Heart Rescue (ID: 13391)
- **Breed**: American Stafford Terrier
- **Sex**: Male
- **Colour**: Brindle
- **Age**: 2012-07-10
- **Desexed**: N
- **Alive**: Y

**Notes**

Appointment reason: Exam/possible blockage/x-rays/di helped.
Possible surgery - GM

**Physical Exam**

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>Temperature</th>
<th>Pulse</th>
<th>Respiration</th>
<th>MMC/RT</th>
<th>Body Score</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>99.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations**: N = Normal; A = Abnormal; NE = Not Examined

**S** = Subjective Information

- Eating OK: Drinking OK: No Vomiting: No Diarrhea: Bright: Alert: Responsive

**O** = Objective Information

- Eyes and mucous membranes: N
- Ears: N
- Mouth/Teeth: N
- Lymph Nodes: N
- Lungs: N
- Heart: N
- Abdomen/GI tract: N
- Skin: N
- Limbs/Foot/Joints: N
- Rectum/Tail/Genitalia: N
- Nervous System: N

**A** = Assessment of the Case

Diagnoses/Tentative Diagnosis/ Differential diagnosis

- Pale gums
- Bloat, painful abdomen
- G1R, sternal recumbent
- Mucoid discharge OU
- Mass effect noted within abdomen on radiographs
- Anemia
- Initially open mouth breathing

**P** = Plan

Instructions to owner

- Discussed concern for mass or neoplasia
- Also discussed concern of mass effect noted within radiographs could possibly still be block of stomach however, not apparent for G1V on radiographs and patient not vomiting or retching here; no drooling noted
- Discussed exploratory surgery but also discussed poor condition of patient - patient may pass while under surgery or after surgery or may find patient having significant compromise to investigate under surgery
We all arrived at Broward County Animal Care & Adoption on July 8th

Do you know who I am?... See More