



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

Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist

PERSON/ RESCUE PARTNER REQUESTING REIMBURSEMENT:

NAME: Stephen Burt

Meeting Date: 02/19/ 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 requested: \$ 4625.50 Funds available: _____
Director

Total Amount Approved \$ _____



RESILIENT ENVIRONMENT DEPARTMENT

ANIMAL CARE DIVISION

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

Date: 12-27-25

Name: Stephen Buta

Address: 4377 SW 10th PL

Apt 101 Deerfield Beach FL 33442

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

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

NAME	Stephen Burt
Address	4377 SW 10 th PL Apt 101 Deerfield Beach FL 33442
Telephone Number	561-271-7916
Animal Name	Coconut
Animal ID#	A2450539
Date of adoption/rescue	11-09-25

Chronological History Timeline:

Date: 10/20 2025

Coconut comes home and after being Fed throws p up. This happens again the next morning. I believed it was due to stress of a new home.

Date: 10/21 2025

Around 8pm coconut refuses to eat or drink anything and is very lethargic. Due to living in Deerfield Beach and my perception this was a true emergency I took her to the nearest 24hr emergency vet. Animal Emergency and Urgent care Center.

Date: 10/24 2025

Coconut is diagnosed with pancreatitis and is admitted to hospital for 24hrs. For treatment The resulting vet bill and paper work is attached.

Date: 10/24 2025

Coconut comes home from vet happy and healthy.

11/09/25 : Coconut is officially ~~adopt~~ adopted.

AFFIDAVIT
Please Have Notarized

NAME:	Stephen Burt
Address:	4377 SW 7th PL Apt 104 Deerfield Beach FL 33442
Telephone Number:	561-271-7916
Animal Name	Colonat
Animal ID#	A2450539
Date of adoption/rescue if applicable:	11-09-25

I, Stephen Burt have not received any money from a 3rd party for medical care, veterinary care, or any other type of donation or gift, regarding or related to this case being brought before the Animal Care Trust Fund Subcommittee.

Stephen Burt
Print Name:

Stephen Burt
Signature:

State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 23 day of December, 2025 by Anayah Patterson who is personally known to me or who has produced Driver License as identification.

Signature of Notarial Officer: Anayah Patterson

Notary Stamp or Name Typed/Printed:



ANAYAH PATTERSON
Commission # HH 748595
Expires December 11, 2029

My Commission Expires: December 11, 2029

Serial Number (if any): _____

(Seal, if applicable)

COCO BURT

 PET OWNER: **STEPHAN BURT**
 SPECIES: Canine
 BREED:
 GENDER: Female
 AGE: 2 Years
 PATIENT ID: CA25C45

ANIMAL EMERGENCY CLINIC OF DEERFIELD BEACH
 103 N Powerline Rd.,
 Deerfield Beach, FL 33442
 954-428-9888
 ACCOUNT #:
 ATTENDING VET: Luiz Bolfer, MV, DVM,
 PhD, DBCVECC

 LAB ID:
 ORDER ID: 295758300
 DATE OF RECEIPT: **10/21/25**
 DATE OF RESULT: **10/21/25**

IDEXX Services: IDEXX inVue Dx, ProCyte One Hematology Analyzer, Catalyst Dx Chemistry Analyzer

Hematology

TEST	RESULT	REFERENCE VALUE		
	10/21/25	9:10 PM		10/21/25 9:01 PM
RBC	^a 6.61	5.65 - 8.87 M/ μ L		6.61
Hematocrit	^a 41.3	37.3 - 61.7 %		41.3
Hemoglobin				16.5
MCV				62.5
MCH				25.0
MCHC				40.1
RDW				16.4
% Reticulocytes	0.6	%		0.6
Reticulocytes	^a 42.1	10.0 - 110.0 K/ μ L		42.1
WBC	^b 16.60	5.05 - 16.76 K/ μ L		16.60
% Neutrophils	75.6	%		72.3
% Lymphocytes	14.8	%		13.0
% Monocytes	2.2	%		10.2
% Eosinophils	7.3	%		4.4
% Basophils	0.1	%		0.1
Neutrophils	12.55	2.95 - 11.64 K/μL	^H	12.00
Lymphocytes	2.45	1.05 - 5.10 K/ μ L		2.16
Monocytes	0.37	0.16 - 1.12 K/ μ L		1.69
Eosinophils	1.22	0.06 - 1.23 K/ μ L		0.73
Basophils	0.02	0.00 - 0.10 K/ μ L		0.02
Platelets				198
Platelet Estimate	>150 K/uL (Adequate) K/ μ L			

Hematology (continued)

TEST	RESULT	REFERENCE VALUE
PDW		11.3
MPV		10.8
Plateletcrit		0.21

Diagnostic Considerations
 This platelet estimate incorporates enumeration of individual platelets and platelets within clumps. Platelet count is above 150 K/uL.
 Agglutination and spherocytes were not detected.

RBC Run

WBC Run

IDEXX inVue Dx

- a Results imported from ProCyte.
- b WBC results imported from ProCyte. The white blood cell differential has been updated based on cellular analysis.

ProCyte One

Monocytosis - Consider inflammation (if lymphopenia, consider glucocorticoid response).
 Increased MCHC or MCH - Consider hemolysis (including sample collection/handling), lipemia, and Heinz bodies.

Chemistry



10/21/25 9:06 PM

TEST	RESULT	REFERENCE VALUE	
Glucose	104	74 - 143 mg/dL	
Creatinine	1.1	0.5 - 1.8 mg/dL	
BUN	11	7 - 27 mg/dL	
BUN: Creatinine Ratio	10		
Phosphorus	5.5	2.5 - 6.8 mg/dL	
Calcium	9.1	7.9 - 12.0 mg/dL	
Total Protein	7.5	5.2 - 8.2 g/dL	
Albumin	2.9	2.3 - 4.0 g/dL	

COCO BURT

 PET OWNER: **STEPHAN BURT**

 DATE OF RESULT: **10/21/25**

LAB ID:

Chemistry (continued)

TEST	RESULT	REFERENCE VALUE	
Globulin	4.6	2.5 - 4.5 g/dL	H
Albumin: Globulin Ratio	0.6		
ALT	68	10 - 125 U/L	
ALP	43	23 - 212 U/L	
GGT	0	0 - 11 U/L	
Bilirubin - Total	0.2	0.0 - 0.9 mg/dL	
Cholesterol	152	110 - 320 mg/dL	
Amylase	1,871	500 - 1,500 U/L	H
Lipase	1,197	200 - 1,800 U/L	
Catalyst Pancreatic Lipase	^a 369	0 - 200 U/L	H

^a Pancreatic Lipase:
Pancreatic lipase is in the equivocal range (201-399 U/L) and pancreatitis is possible. Investigate for other diseases and consider additional diagnostics and/or treatment if clinical signs or other evidence of disease exist. Recheck Catalyst Pancreatic Lipase in 2-3 weeks.

Coco Burt (CA25C45)

Visit Report: Tuesday, October 21, 2025

VISIT

Reason: VOMITING
Veterinarian: Luiz Bolfer
Check In: 10/21/25, 7P
Check Out:

PATIENT

Coco Burt (ID CA25C45)
2 YO F STAFF (DOB: Oct 21, 2023)
Female
Canine American Staffordshire Terrier
Weight: 23kg
Microchip #: None

ACCOUNT

Stephan Burt (ID 25BF6)
4377 SW 10th Pl, Deerfield Beach, FL 33442,
USA
(561) 271-7916
stephan_burt@att.net

Gastroenteritis/Pancreatitis Discharge Instructions , In Progress

Veterinarian: Luiz Bolfer

Diagnosis

Pancreatitis

At Home Care

Coco appears to be stable at this time. Monitor **her** closely and have **her** examined immediately if there is any problem.

Please follow these instructions:

1. Recheck with your regular veterinarian in 7-10 days.
2. Monitor Coco for continued vomiting, diarrhea, lack of appetite, fever, lack of energy, abnormal breathing, or other problems, and contact a veterinarian if any problems occur.
3. Coco has been given Antiemetics, pain medication, antibiotics while in hospital.
4. Give all medication as directed. Do not stop a prescription early unless told to do so by a veterinarian. Never give over the counter medication to your pet without being instructed to do so by a veterinarian.
5. It is recommended that you feed a bland diet such as boiled chicken and white rice or ground turkey and white rice. You may also feed a prescribed easily digestible diet which can be provided (via a script) by a veterinarian.
6. Re-evaluation may not result in additional fees however, there will be additional fees for follow up radiographs, bandage/splint changes, or any additional medications that may be used and/or dispensed. ____ (initial)

Further Instructions

After experiencing gastroenteritis or any other significant GI upset, many pets do not want to eat as willingly as before, so we need to keep them eating while not changing their diet too much (we don't want to cause more problems). We typically recommend giving plain, boiled all white meat chicken breast and plain, boiled white rice. This will help stool form and be easy on Coco's stomach. You may integrate your pet back onto **her** normal diet over the next 3-5 days. If your pet has had pancreatitis or hemorrhagic gastroenteritis (HGE) in the past, it is recommended to consider starting a prescription GI friendly diet to avoid future recurrences. Please notify a veterinarian if your pet begins to decline or if you see no improvement with treatment.

Medications To Go Home

MetroNIDAZOLE 500mg Tablet-Give 1 tablet by mouth every 12 hours or twice per day for 5 days. GIVE WITH FOOD

Gabapentin 300mg Capsule-Give 1 capsules by mouth every 12 hours or two times per day for 5 days. GIVE WITH FOOD.

Follow Up Care



www.animalemergencyurgentcare.com | +19544289888 | info@aeucc.net

Coco Burt (CA25C45)

Visit Report: Tuesday, October 21, 2025

Acknowledgement

I have read and understood the information provided to me.

Steph Burt

Thank you!

Thank you for entrusting us with your pet's care. If you have any questions or concerns, please call us at (954) 428-9888.



Practice
www.animalemergencyurgentcare.com
Info@aeucc.net
 +19544289888

Patient
 Coco Burt
 2 YO F STAFF
 Patient ID: CA25C45
 Visit: 10/21/25

Account
 Stephan Burt
 Account ID: 25BF6
 (561) 271-7916
stephan_burt@att.net

Coco Burt

Visit Report: Tuesday, October 21, 2025

Hospital: Animal Emergency and Urgent Care Center - 103 N Powerline Rd Deerfield Beach, FL 33442

Visit
Veterinarian: Luiz Bolfer
Check In: 10/21/25, 7P
Check Out:

Patient
 Coco Burt (ID CA25C45)
 DOB: Oct 21, 2023
 Sex: Female
 Species: Canine
 Breed: American Staffordshire Terrier
 Weight: 23kg

Account
 Stephan Burt (ID 25BF6)
 4377 SW 10th Pl
 Deerfield Beach, FL 33442
 (561) 271-7916
stephan_burt@att.net

Invoice #4061

DATE	ID	ORDER	QTY	PRICE	DR	SUBTOTAL
10/21/25	EMERG1	Emergency Consultation Fee	1 ea	\$145.00	LB	\$145.00
10/21/25	IDXSNAP4DX	IDEXX - SNAP 4Dx Plus	1 ea	\$55.00	LB	\$55.00
10/21/25	IDXCBCM17	IDEXX-CBC + Chem17	1 ea	\$489.00	LB	\$489.00
10/21/25	BIOFEE1	Biohazard Fee	1 ea	\$33.00	LB	\$33.00
10/21/25	PROC194	Blood Collection Fee	1 ea	\$22.00	LB	\$22.00
10/21/25	IHLAB013	Fecal Flotation (in house)	1 ea	\$82.50	LB	\$82.50
10/21/25	IVCATHSETUP	Intravenous Fluids & Catheter Setup	1 ea	\$550.00	LB	\$550.00
10/21/25	CPLREPAN	Pancreatic Recheck Panel	1 ea	\$200.00	LB	\$200.00
10/21/25	PANO2140KG	PANOQUELL Treatment (21-40Kg)	1 ea	\$1,500.00	LB	\$1,500.00
10/21/25	INJMEDIUM	Injectable Medium 12 kg-23 kg (12 hours)	1 ea	\$1,398.00	LB	\$1,398.00
10/21/25	MONITOR	Multi-Parameter Monitoring	1 ea	\$165.00	LB	\$165.00
10/21/25	ECOLLAR	E-Collar	1 ea	\$18.00	LB	\$18.00
10/21/25	TREATSUP	Treatment Supplies	1 ea	\$145.00	LB	\$145.00
10/21/25	HOSP001	Hospitalization Level 1 (1-12 hr)	6 ea	\$660.00	LB	\$660.00
10/21/25	MED111-11	Famotidine 10mg/mL Injectable	10 mL	\$70.00	LB	\$70.00
10/21/25	MED107-25	Rx metroNIDAZOLE 500mg Tablet	10 tab	\$60.50	LB	\$60.50
10/21/25	MED101-22	Rx Gabapentin 300mg Capsule	5 cap	\$27.50	LB	\$27.50
10/21/25	DSC1	Discount	1 ea	-\$995.00	LB	-\$995.00
10/24/25	INVAUD	INVOICE AUDITED	1 ea	\$0.00	LB	\$0.00



Practice
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Patient
Coco Burt
2 YO F STAFF
Patient ID: CA25C45
Visit: 10/21/25

Account
Stephan Burt
Account ID: 25BF6
(561) 271-7916
stephan_burt@att.net

Subtotal \$4,625.50

Total \$4,625.50

Payments \$4,625.50

10/21/25, 10P Credit/Debit Card \$3,002.32

10/21/25, 10P Credit/Debit Card \$941.68

10/21/25, 8P Credit/Debit Card \$681.50

Refunds \$0.00

Payments Total: \$4,625.50

Payments Unapplied: (\$0.00)

Invoice Balance: \$0.00

Account Balance: \$0.00