



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: _____

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 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: \$ _____

Funds available: _____

Director

Total Amount Approved \$ _____



RESILIENT ENVIRONMENT DEPARTMENT

ANIMAL CARE DIVISION

2400 SW 42nd 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 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

<u>NAME</u>	The Pet Project
<u>Address</u>	2200 NW 9 Ave, Wilton Manors, FL 33311
<u>Telephone Number</u>	(954) 568-5678
<u>Animal Name</u>	Picolina
<u>Animal ID#</u>	None
<u>Date of adoption</u>	Adopted by Cassius Pestana's wife 13 years ago

Chronological History Timeline:

Date: 10/2024

October 2024 - Picolina is a 13-year old female dog owned by Cassius Pestana and his wife in Dania Beach, FL. Tumors began growing out of her belly in October 2024.
Cassius, his wife, and Picolina are residents of Broward County

Date: 03/24/2025

There are now two large mammary tumors and multiple small tumors. Picolina keeps licking one of the large ones.
Many times tears stream down her face. She is clearly in great pain.
Cassius and his wife are desperate to get her treated, but they cannot afford a large veterinarian bill.
Cassius was advised by a friend to contact Grace Johns. Cassius texted her that he could not afford a large bill. Grace requested through Lisette Murado that the surgery be funded by the
Broward County Animal Care General Trust Fund as provided for in Section 4-30, Broward County Ordinance.

Date: 04/2025

Since Cassius did not have the funds to pay up front for the surgery, it was suggested that Grace ask
The Pet Project for help. The Pet Project agreed to pay the invoice up front (attached) and then be
Reimbursed by the County. On April 17, the veterinarian removed two large tumors and several small
tumors from Picolina. Picolina was spayed so the hormones would be less likely to cause more tumor
Growth. Her teeth were cleaned, and her nails were trimmed at a cost of \$165.75, which Cassius paid
for.

Date: 04/18/2025

Picolina is recovering very well. There are no signs of pain and she is walking regularly.
Cassius expects that "soon she will be a happy little companion again".
Cassius thanks Broward County and the Pet Project for helping him, his wife and Picolina through
A very stressful situation.

AFFIDAVIT
Please Have Notarized

NAME:	The Pet Project
Address:	2200 NW 9 Ave, Wilton Manors, FL 33311
Telephone Number:	(954) 568-5678
Animal Name	Picolina
Animal ID#	None
Date of adoption:	Adopted 13 years ago

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

Sue Martino

Print Name:

Signature: *Sue Martino*

State of Florida

County of Broward

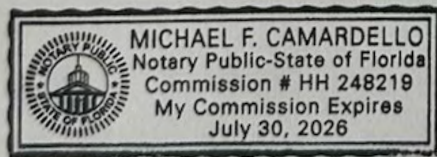
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online

notarization, this 12 day of April, 2025, by Sue Martino

who is personally known to me or who has produced _____ as identification.

Signature of Notarial Officer: Michael Camardello

Notary Stamp or Name Typed/Printed:



My Commission Expires: July 30, 2026

Serial Number (if any): _____

(Seal, if applicable)



INVOICE

THE PET SURGERY CENTER OF FORT LAUDERDALE

16 SE 18th Street

Fort Lauderdale Florida 33316

Tel: 954-266-8823

Email: petsurgeryftl@gmail.com

Client:

Cassius Pestana

Patient :

Picolina

Invoice Date: 17-Apr 2025

Invoice Number: 9668

Product / Service	Quantity	Price (Exc)	Tax	Amount
Pre-Surgical Physical Exam/ Review of Records by Surgeon/ Consultation	1.00	78.75	0%	78.75
Bloodwork: CBC (in house)	1.00	54.60	0%	40.95
Bloodwork: Pre-anesthetic Profile (in house)	1.00	105.00	0%	78.75
Bloodwork: (inhouse) SDMA	1.00	29.40	0%	22.05
Bloodwork: (inhouse) Heartworm test (IHD_Heartworm)	1.00	26.25	0%	19.69
Radiographs: Pre-Op Cancer Screen Chest and Abdomen	1.00	208.95	0%	156.71
Surgical Procedure Package <50lbs	1.00	429.45	0%	322.09
Fentanyl Patch	1.00	57.75	0%	43.31
Cefazolin IV injection (1 vial)	1.00	42.00	0%	31.50
~anti nausea injection	1.00	0.00	0%	0.00
~premed injection	1.00	0.00	0%	0.00

Product / Service	Quantity	Price (Exc)	Tax	Amount
~narcotic injection	1.00	0.00	0%	0.00
~IV catheter and peri-operative fluids	1.00	0.00	0%	0.00
Growth Removal 1-3 Inches	1.00	252.00	0%	189.00
Growth Removal 3-6 Inches	1.00	504.00	0%	378.00
Ovariohysterectomy Add On - Canine <35lbs	1.00	301.35	0%	226.01
Anesthesia additional 15 mins <50lbs	3.00	126.00	0%	94.50
~ operating room supplies	1.00	0.00	0%	0.00
~biohazard waste minor procedure	1.00	0.00	0%	0.00
~anesthesia induction and maintenance initial 30 mins	1.00	0.00	0%	0.00
Biopsy with Microscopic Description (2 Sites/Lesions)—Standard (2702)	1.00	236.25	0%	177.19
Gabapentin 250mg/5ml oral solution - per ml Give 1ml every 8-12 hours as needed for pain starting TODAY	15.00	48.30	0%	48.30
Carprofen 75mg tablet Give 1/2 tablet every 24 hours with food starting TONIGHT	3.00	0.00	0%	0.00
Elizabethan Collar, Velfast - Small	1.00	26.25	0%	19.69
Convenia injection 11-20lbs	1.00	115.50	0%	86.62
Dental: Oral Surgery Tier 2 including nerve blocks	1.00	150.00	0%	150.00
Nail Trim Canine	1.00	15.75	0%	15.75
Subtotal				2,807.55
Pet Rescue Discount Discount				-628.69
TOTAL				2,178.86
Visa *7706 Auth: 054151				165.75
Visa *5803 Auth: 055476				2,013.11
AMOUNT DUE				0.00















