



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: CLARE CORNISH (POPO PIRBULLS) Meeting Date: 02/19/26~~20~~5

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: \$ \$225.00 Funds available: _____
Director

Total Amount Approved \$ _____

NAME	CLARE CORNISH
Address	1138 NE 17th Way, Fort Lauderdale
Telephone Number	954-294-6839
Animal Name	CLOUDY
Animal ID#	A2384542
Date of adoption/rescue	N/A

Chronological History Timeline:

Date: 1/20 2024

CLOUDY RESCUE & FOSTER GMAIL BULLEEN SENT OUT LISTING HIM AS A "LAST CALL" DOG. AS A RESCUE WE WERE UNABLE TO TAKE HIM AT THAT TIME, SO WE ASKED ONE OF OUR REGULAR FOSTERS, WHO IS ALSO A BROWARD SPOKES FOSTER TO FOSTER HIM

Date: 1/14 2025

SHELTER CLINIC ORIGINALLY SAID CLOUDY'S NONVIOLENT EYE DID NOT NEED TO BE REMOVED, HOWEVER, IT SEEMED TO BE GETTING MORE PRONOUNCED SO WE TOOK HIM TO AN ANIMAL EYE SPECIALIST. THE FOSTER COULDN'T AFFORD TO PAY SO I PAID MYSELF. EYEDR, DR DYLAN BLISS. INVOICE INCLUDED

Date: 1/14 2025

CLOUDY RECEIVED A FULL EYE EXAM & IT WAS RECOMMENDED FOR HIS EYE HEALTH & TO AVOID FUTURE PAIN THAT THE EYE BE REMOVED (ATTACHED APPT. SUMMARY) WE GAVE THE REPORT TO SHELTER STAFF & CLOUDY HAD EYE REMOVAL SURGERY AT THE SHELTER

Date: _____ 20__

Please attach additional pages if needed.

AFFIDAVIT
Please Have Notarized

NAME:	CLAIRE CORNISH
Address:	1130 NE 17th Way, BROWARD COUNTY 33304
Telephone Number:	954-294-6869
Animal Name	Cloudy
Animal ID#	A2384542.
Date of adoption:	N/A.

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

CLAIRE CORNISH
Print Name:

Claire Cornish
Signature:
Claire Cornish

State of Florida

County of BROWARD

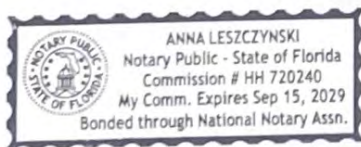
The foregoing instrument was acknowledged before me by means of physical presence or online

notarization, this 23rd day of October, 2025, by CLAIRE CORNISH

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

Signature of Notarial Officer: *A J*

Notary Stamp or Name Typed/Printed:



My Commission Expires: 09/15/2029

Serial Number (if any): _____

Commission # HH 720240

(Seal, if applicable)

1122 NE 4th Ave
Fort Lauderdale, FL 33304
954-421-5099



372 S Powerline Rd
Deerfield Beach, FL 33442
954-421-5099

Client Information:

Shirley Cornish (#32829)
347 New River Drive East
Fort Lauderdale, FL 33301

954-294-6859

Patient Information:

Cloudy (#51590)
Boxer Mix, Black/White
male
2 years, 0.00lbs

Medical Record for "Cloudy" Cornish

Tuesday, January 14, 2025

History (4:41 pm Dr. Dylan Buss/1)

1/14/2025

referral for cloudiness OD;

Ophthalmic Examination (4:42 pm Dr. Dylan Buss/1)

Pupillary light reflex: present direct OS only

Menace response: absent OD (dazzle -ve), present OS

Right eye: distichia superior and inferior eyelid, marked buphthalmos, diffuse mild corneal edema, haab striae, few punctate white subepithelial crystalline opacities, thin corneal neovascularization, absent anterior chamber with iris effacing entire cornea and limiting remainder of exam

Left eye: distichia superior and inferior; partial non patent hyaloid remnant, normal retina

Intraocular pressure: 18 mmHg OD; 19 mmHg OS

Diagnosis (4:43 pm Dr. Dylan Buss/1)

OD: Blindness 1-14-25; glaucoma 1-14-25

OS: distichia 1-14-25; non patent partial hyaloid remnant 1-14-25

Assessment (4:46 pm Dr. Dylan Buss/1)

The OD is permanently blind from glaucoma. The intraocular exam is limited due to corneal and uveal disease which precludes our ability to determine a cause. At present the glaucoma is not uncontrolled due to buphthalmos but there is a risk for the future re-development of an elevated IOP. The o can consider enucleation for comfort and to establish an etiology or treat prophylactically for glaucoma. The buphthalmos does predispose to future corneal disease.

Medications (4:46 pm Dr. Dylan Buss/1)

dorzolamide/timolol OD BID;

**300mg gabapentin PO the night before and 2 hours prior to recheck

Recommendation (4:46 pm Dr. Dylan Buss/1)

o to book surgery or recheck in 1 month including STT and IOP

Veterinary Eye Institute (Fort Lauderdale)
1122 NE 4th Ave
Fort Lauderdale, FL 33304
954-421-5099

INVOICE

Client Information

Shirley Cornish
347 New River Drive East
Fort Lauderdale, FL 33301

Patient Information

"Cloudy"
Boxer Mix, male
0.00 lbs

Invoice Number: 81196

Date: 10/21/2025

Date	Doctor	Patient	Description	Quantity	Charge
1/14/2025	13	Cloudy	Initial Consultation	1.00	225.00
1/14/2025	13	Cloudy	Payment - VISA	1.00	-225.00

Previous Balance: 0.00
Subtotal: 225.00
Sales Tax: 0.00
Payments: 225.00
Discounts: 0.00
Ending Balance: 0.00

Current: 0.00 Over 30: 0.00 Over 60: 0.00 Over 90: 0.00 Over 120: 0.00

Cloudy's next appointment is _____ at _____ am /pm.

Our office will contact you 1-2 days prior to your next appointment to confirm. In an effort to serve the many patient requests we ask that you confirm your appointment with our office or risk losing the appointment spot. If you have not received a call or text to confirm please contact our office immediately.

IF YOU HAVE BEEN HAPPY WITH OUR SERVICES, PLEASE TAKE A MOMENT TO LEAVE A REVIEW ON ONE OF THE FOLLOWING SITES: GOOGLE AND FACEBOOK. THANK YOU FOR YOUR BUSINESS, SUPPORT AND COMMENTS!

Due to Federal Law, medications dispensed by Veterinary Eye Institute can not be returned and/or refunded under any circumstances.