



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

**Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist**

**PERSON/ RESCUE PARTNER REQUESTING REIMBURSEMENT:**

NAME: Dawn Murray

Meeting Date: 02/19/26 ~~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 3<sup>rd</sup> 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: \$ 496.64

Funds available: \_\_\_\_\_  
Director

Total Amount Approved \$ \_\_\_\_\_



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**ANIMAL CARE DIVISION**  
2400 SW 42<sup>nd</sup> Street • Fort Lauderdale, Florida 33312 • 954-359-1313

Date: 2-11-26

Name: Dawn Murray

Address: 15690 NW 12th Ct

Pembroke Pines, FL 33028

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 3<sup>rd</sup> 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

<b>NAME</b>	Dawn Murray
<b>Address</b>	15690 NW 12 <sup>th</sup> Ct Pembroke Pines, FL 33028
<b>Telephone Number</b>	954-483-1757
<b>Animal Name</b>	Bear
<b>Animal ID#</b>	
<b>Date of adoption/rescue</b>	

**Chronological History Timeline:**

Date: 1-12 2020

I saw this cat limping on 1-12-20 & trapped him immediately. made an appt. at DPC the next day. 1-13-20 to have his left paw looked at and to have him neutered once I realized he was still intact. DPC gave him a shot of antibiotics & held him for a few days to heal. I sent DPC a picture of his paw and they gave the okay to release him which I did on 1-19-20  
 \$ 176.85

Date: 1-29 2020

On 1-29-20 I saw him limping again he was also holding his paw up. I re-trapped him & made an appt. at DPC on 1-30-20. He was seen by Dr Feldt & he gave me two different antibiotics to give him over the course of seven days. I released him on 2-7-20 his paw looked a lot better.  
 \$ 319.79

Date: \_\_\_\_\_ 20\_\_

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Date: \_\_\_\_\_ 20\_\_

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Please attach additional pages if needed.

**AFFIDAVIT**  
**Please Have Notarized**

<b>NAME:</b> Dawn Murray	
<b>Address:</b> 15690 NW 12th Ct Pembroke Pines, FL 33028	
<b>Telephone Number:</b> 954-483-1757	
<b>Animal Name:</b> Bear	
<b>Animal ID#</b>	
<b>Date of adoption/rescue if applicable:</b>	

I, Dawn Murray 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.

Dawn Murray  
Print Name:

Dawn Murray  
Signature:

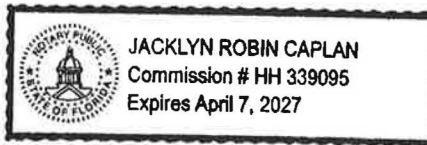
State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 11th day of February, 2026 by Dawn Murray who is personally known to me or who has produced \_\_\_\_\_ as identification.

Signature of Notarial Officer: [Signature]

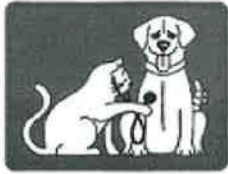
Notary Stamp or Name Typed/Printed: \_\_\_\_\_



My Commission Expires: \_\_\_\_\_

Serial Number (if any): \_\_\_\_\_

(Seal, if applicable)



# DPC Veterinary Hospital

## DPC Veterinary Hospital

6991 Stirling Road  
Davie, FL 33314  
(954) 989-9879

DAWN MURRAY  
15690 NW 12 COURT  
PEMBROKE PINES, FL 33028

Client ID: 68114  
Invoice #: 393632  
Date: 1/30/2026  
(954) 483-1757

DAWNMURRAY03@BELLSOUTH.NET

Patient ID: 169733	Species: Feline	Weight: 13.30 pounds
Patient Name: BEAR	Breed: Shorthair, Domestic	Birthday: 01/13/2024 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
1/30/2026	Comprehensive Exam	Dr. MICHAEL FELDT, DVM	1.00	\$81.00
	Gas Anesthesia		1.00	\$77.00
	Onsior Injection (per ml)		0.58	\$44.76
	Clip/Clean Area (minor)		1.00	\$48.00
	Zeniquin 25mg		7.00	\$28.88
	Clavamox Chewable 125mg		14.00	\$40.15
	lyana was your technician today! :)		1.00	\$0.00
		<b>Patient Subtotal:</b>		<b>\$319.79</b>

### Instructions

We know you strive to give your furry friends the best but sometimes it's a challenge. That's why we are thrilled to announce Petly Wellness Plans are here!

Select and customize an annual preventive care plan, tailored to your pet. Spread out payments over each month, instead of paying in lump sums once or twice a year.

Regular checkups, routine testing and recommended vaccinations are all ways we keep your pet in tip-top shape! And with a Petly Wellness Plan, it's never been easier or more affordable to provide it all.

Ask about a Petly Wellness Plan for your pet today.

IF THE DOCTOR WANTS A FOLLOW UP ON YOUR PET TO ENSURE THAT THE ILLNESS HAS RESOLVED. THIS FOLLOW UP EXAM IS OFFERED AT A DISCOUNTED PRICE OF \$61 WITHIN THIRTY DAYS OF PREVIOUS APPOINTMENT, OTHERWISE THE CHARGE WILL BE \$81.00

Clavamox: This medication is an antibiotic. Give after a meal. Use it as prescribed on the label. Occasionally, a pet that is sensitive to an antibiotic may show some side effects, including vomiting, loose stools, loss of appetite, or a rash. Should any of these occur, stop the medication and call the hospital.

### Reminder

01/14/2027 Rabies Vaccine 1 Year

<b>Invoice Total:</b>	<b>\$319.79</b>
Total:	\$319.79
Balance Due:	\$319.79
Previous Balance:	(\$350.61)
<b>Balance Due:</b>	<b>(\$30.82)</b>

### Return Policy for Prescriptions

The National Association of Boards of Pharmacy and FDA Compliance Policy Guideline 7132.09 state that our facility is not to allow patients to return unused prescriptions or over the counter products.



# DPC Veterinary Hospital

## DPC Veterinary Hospital

6991 Stirling Road  
Davie, FL 33314  
(954) 989-9879

DAWN MURRAY  
15690 NW 12 COURT  
PEMBROKE PINES, FL 33028

Client ID: 68114  
Invoice #: 392988  
Date: 1/15/2026  
(954) 483-1757

DAWNMURRAY03@BELLSOUTH.NET

Patient ID: 169733	Species: Feline	Weight: 13.02 pounds
Patient Name: BEAR	Breed: Shorthair, Domestic	Birthday: 01/13/2024 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
1/13/2026	Boarding Feral Cat	over the counter	1.00	\$27.00
1/14/2026	Feral Spay/Neuter Package	Dr. Ednellys Rivera, DVM	1.00	\$0.00
	Feral Cat Spay/Neuter (use group)		1.00	\$75.00
	Buprenorphine 0.5mg/ml Injection (per ml)		0.26	\$0.00
	Rabies Vaccine 1 Year		1.00	\$0.00
	Ear Notch		1.00	\$0.00
	SENERGY (5-15lbs) EA		1.00	\$0.00
	Feral Convenia/ Clip & clean minor w/sx		1.00	\$47.85
	Boarding Feral Cat		1.00	\$27.00

**Patient Subtotal: \$176.85**

Instructions

DUE TO THE VOLUME OF CATS BEING SPAYED AND NEUTERED UNDER THE GRANT, DPC VETERINARY HOSPITAL IS NOT RESPONSIBLE FOR KEEPING TRACK OF CATS DONE AFTER THE DAY OF SURGERY. PLEASE DO NOT CALL AND ASK FOR RECORDS ON THESE CATS. IT IS YOUR RESPONSIBILITY TO KEEP ALL PAPERWORK.

\*\*\*\*\*FYI: WE HAVE INCREASED THE WEIGHT LIMIT FOR SURGERY TO 4 LBS. ALL KITTENS MALE OR FEMALE MUST WEIGHT 4 LBS PRIOR TO HAVING SURGERY\*\*\*\*\*

YOUR PET WILL NEED A RABIES BOOSTER A YEAR FROM NOW.

**Return Policy for Prescriptions**

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# DPC

Veterinary Hospital

## DPC Veterinary Hospital

6991 Stirling Road  
Davie, FL 33314  
(954) 989-9879

DAWN MURRAY  
15690 NW 12 COURT  
PEMBROKE PINES, FL 33028

Client ID: 68114  
Invoice #: 392988  
Date: 1/15/2026  
(954) 483-1757

DAWNMURRAY03@BELLSOUTH.NET

15690 NW 12 COURT, PEBROKE PINES, FL 33028  
**Instructions**  
Important information:

The Pet Registration is only valid for a year from the date of the rabies vaccination, not the date of registration. Rabies vaccinations and pet registration are required to be renewed annually to avoid risk of potential fines.

Broward County does not offer a 3-year rabies registration renewal. A pet receiving a 3-year rabies vaccination will need to have their registration renewed annually on the date of the rabies vaccination.

--You are not in violation of any County Ordinance if your pet has a current rabies vaccine and you have purchased your pet's Lifetime Tag/replacement tag and are awaiting the tag in the mail.

It is the pet owner's responsibility to notify the Animal Care Division of any update to their home address.

The rabies registration is required to be renewed within 30 days of your pet's rabies vaccination.

\*\*\*\*\*To Start a new registration or to renew please visit the county website below\*\*\*\*\*  
<https://licensepet.com/wl3/reg/brwdwl>

A few pets may experience some lethargy and soreness from the vaccinations. If this persists longer than 24 hours, please call our office. If face swelling or vomiting occur call our office right away or take to nearest Animal Hospital.

PLEASE CONTACT US IF ANY CONCERNS 954-989-9879 UNTIL 6PM, FOR EMERGENCIES AFTER 6 PM CALL LEADER VET IN COOPER CITY AT 954-437-9630 OR HOLLYWOOD A.H AT 954-920-3556

Reminder

01/14/2027 Rabies Vaccine 1 Year

<b>Invoice Total:</b>	<b>\$176.85</b>
Total:	\$176.85
Balance Due:	\$176.85
Previous Balance:	(\$102.00)
Balance Due:	\$74.85
Visa:	(\$74.85)
Less Payment:	(\$74.85)
<b>Balance Due:</b>	<b>\$0.00</b>

**Return Policy for Prescriptions**

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DPC Veterinary Hospital  
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Davie, FL, 33028  
(954) 989-9879

### Rabies Certificate

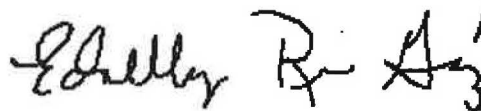
**Client Info:**

CLIENT ID: 68114  
CLIENT NAME: DAWN MURRAY  
ADDRESS: 15690 NW 12 COURT  
CITY, STATE: PEMBROKE PINES, FL  
ZIP CODE: 33028  
  
PHONE: (954) 483-1757

**Patient Info**

PATIENT ID: 169733  
PATIENT NAME: BEAR  
SPECIES: Feline  
BREED: Shorthair, Domestic  
SEX: Male  
COLOR: GREY/WHITE TABBY  
MARKINGS:  
BIRTH: 1/13/2024  
AGE: 2 Yrs. 0 Mos.  
WEIGHT: 13.02  
Microchip Number:

Tag Number: FERAL  
Vaccination Date: 1/14/2026  
Expiration Date: **1/14/2027**  
Lot Number: 842053  
Producer: Zoetis  
K / MLV: Killed Virus



Staff Name: Ednellys Rivera, DVM  
License Number: VM12798

1/30/2026

DPC Veterinary Hospital  
6991 Stirling Road  
Davie, FL 33314  
(954) 989-9879

### Payment On Account

DAWN MURRAY  
15690 NW 12 COURT  
PEMBROKE PINES, FL 33028

Client ID: 68114

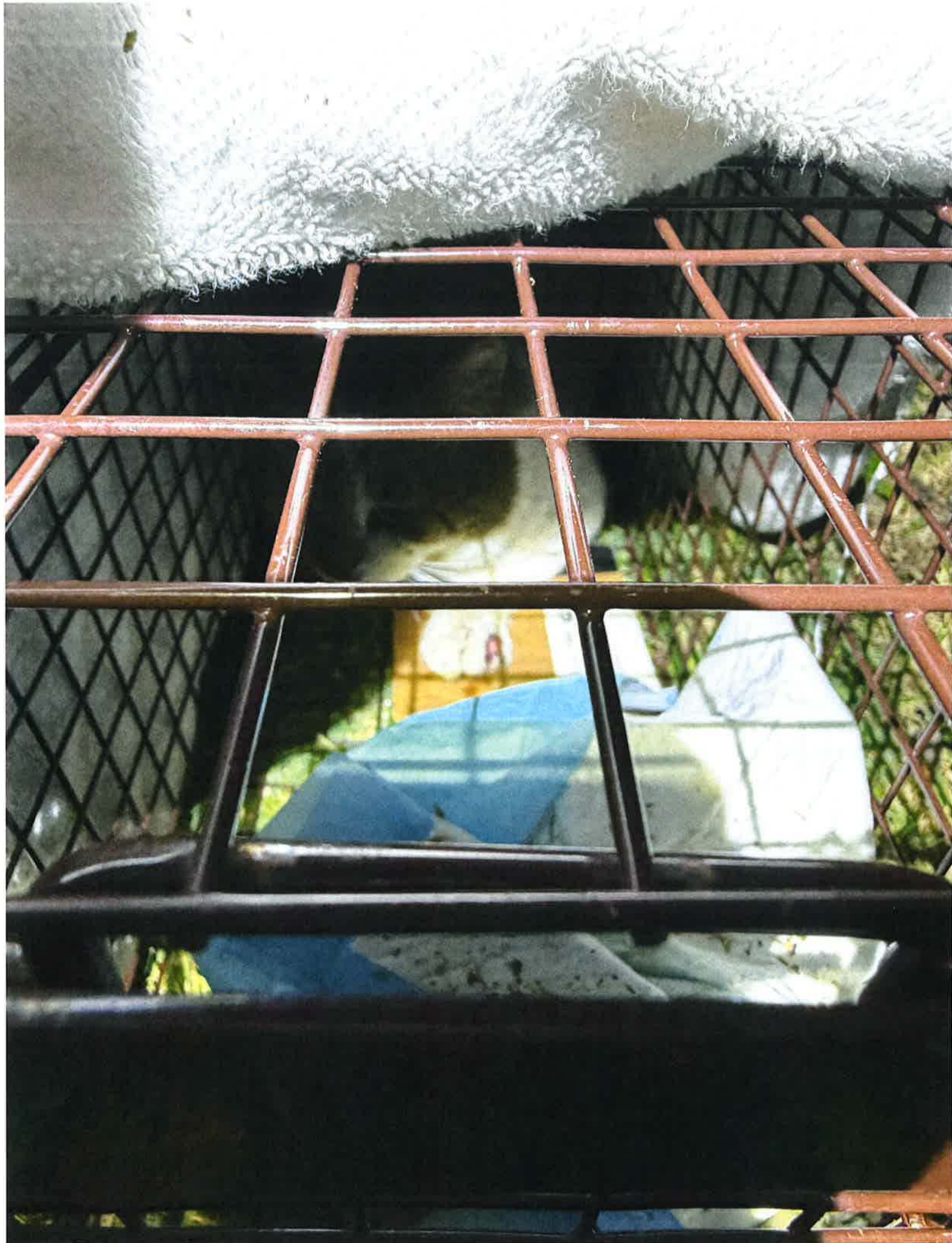
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Previous Balance:	\$0.00
Visa, :	(\$350.61)
Subtotal:	(\$350.61)
Change Given:	
Balance Due:	(\$350.61)

**Thank You!**

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Current	30 Days	60 Days	90 Days
(\$350.61)	\$0.00	\$0.00	\$0.00











Details

Hi, I'm Erica. How can I help?



DPC VETERINARY  
01/30 MOBILE  
PURCHASE DAVIE FL

[Edit Description](#)



View more information

[VIEW](#)

Amount -\$350.61

Transaction Date 01/30/2026

Type Mobile

Merchant name ⓘ *I paid - \$319.79 for 2nd visit*

**DPC VETERINARY** *they gave me a refund*

Transaction category *of \$30.82 see next page*

Personal & Family Care: Pets/Pet Care

**DISPUTE TRANSACTION**

**Legal info and disclosures**

Investment, insurance and annuity products:

- Are Not FDIC Insured
- Are Not Bank Guaranteed
- May Lose Value
- Are Not Deposits
- Are Not Insured by Any Federal Government Agency
- Are Not a Condition to Any Banking Service or Activity

Investing involves risk. There is always the potential of losing money when you invest in securities. Asset allocation, diversification, and rebalancing do not ensure a profit or protect



Details

Hi, I'm Erica. How can I help?



DPC VETERINARY  
HOSPITAL 01/30  
MOBILE REFUND DAVIE  
FL

[Edit Description](#)



Amount \$30.82

Transaction Date 02/02/2026

Type Mobile

Merchant name ⓘ

**DPC VETERINARY HOSPITAL**

Transaction category

**Personal & Family Care: Pets/Pet Care**



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Bank of America, Merrill, their affiliates and advisors do not provide legal, tax or accounting advice. Clients should consult their legal and/or tax advisors before making any financial decisions.

Merrill offers a broad range of brokerage, investment advisory and



Hi, I'm Erica. How can I help?



DPC VETERINARY  
HOSPITAL 01/13  
MOBILE PURCHASE  
DAVIE FL

[Edit Description](#)



View more information

[VIEW](#)

Amount -\$102.00

Transaction Date 01/14/2026

Type Mobile

Merchant name ⓘ

[DPC VETERINARY HOSPITAL](#)

Transaction category  
[Personal & Family Care: Pets/Pet Care](#)

[DISPUTE TRANSACTION](#)

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Hi, I'm Erica. How can I help?



DPC VETERINARY  
HOSPITAL 01/15  
MOBILE PURCHASE  
DAVIE FL

[Edit Description](#)



View more information

[VIEW](#)

Amount -\$74.85

Transaction Date 01/16/2026

Type Mobile

Merchant name  [ⓘ](#)

[DPC VETERINARY HOSPITAL](#)

Transaction category >  
[Personal & Family Care: Pets/Pet Care](#)

[DISPUTE TRANSACTION](#)

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