



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:** \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_ 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: \$ **1985.78** \_

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

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



RESILIENT ENVIRONMENT DEPARTMENT  
**ANIMAL CARE DIVISION**  
2400 SW 42<sup>nd</sup> 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 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

<u>NAME</u>	
<u>Address</u>	
<u>Telephone Number</u>	
<u>Animal Name</u>	
<u>Animal ID#</u>	
<u>Date of adoption/rescue</u>	

### Chronological History Timeline:

Date: Around 2014

Mischa was a previously owned cat whose person passed away in the home, and they were both found several days after the death. She was traumatized. Somehow she found her way to the shelter and was spayed as part of a TNR program with Lumenls Rescue. She was going to be released in an unknown area with a cat colony that was strange to her. It was offered to have us take Mischa to be a part of the clowder we had of all our neighborhood community cats that we trapped, sterilized and released. She fit-in well.

Date: Around Mid 2025

After many happy years, it became clear that Mischa had started to lose weight. She was taken to a clinic where tests were run, but nothing came back conclusive as to what was ailing her. After a little while, still losing weight, she was taken to another animal hospital who said her gums were inflamed and some of her teeth looked bad. They recommended a dental specialist who quoted the care would cost over \$6,000. This was not affordable. The dentist prescribed antibiotics, which helped for a little while.

Date: July 31, 2025

Because Mischa was not eating dry food, and we were still concerned that she was losing weight, we were feeding her wet food away from the other cats. On this day, we took her to Camelot AH. The doctor indicated that Mischa needed teeth extracted and a biopsy. Surgery was scheduled, and a couple of pre-operative visits were had, where bloodwork was done.

Date: August 29, 2025

Mischa was taken to Camelot for her dental extractions and cleaning; We were advised that she tolerated the procedure well, was provided medications for pain, fleas and worms.

Date: September 16, 2025

Mischa was brought back to Camelot for a post-dental follow-up. The doctor advised that things looked good. We reported that Mischa had been eating better, and although we still feed her wet food, she is able to eat the dry food too now. Mischa has recovered and is feeling so much better these days!

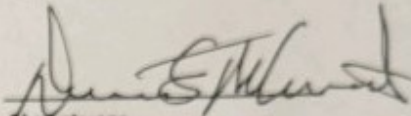
**AFFIDAVIT**  
**Please Have Notarized**

<b>NAME:</b>	Dennis McCormick
<b>Address:</b>	2010 SW 99 Avenue, Miramar, Florida 33025
<b>Telephone Number:</b>	954-822-3132
<b>Animal Name</b>	Mischa
<b>Animal ID#</b>	
<b>Date of adoption rescue if applicable:</b>	2013-2014

I, Dennis McCormick, 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 und Subcommittee.

Dennis McCormick

Print Name:

  
Signature:

State of Florida

County of Broward

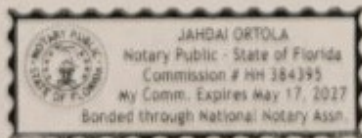
The foregoing instrument was acknowledged before me by means of  physical presence or  online

notarization, this 13<sup>th</sup> day of February, 2026, by Dennis F McCormick

who is personally known to me or who has produced FL Drivers License as identification.

Signature of Notarial Officer: Jahda Ortola

Notary Stamp or Name Typed/Printed:



My Commission Expires: May 17, 2027

Serial Number (if any): HH 384395

(Seal, if applicable)

# INVOICE

## Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive  
Davie, FL 33328  
954-473-0192

"Keeping your pets healthy and happy!"

**FOR:** Dennis McCormick  
2010 NW 99th Ave  
Miramar, FL 33025  
(954) 822-3132

**Printed:** 01-08-26 at 2:42p  
**Date:** 08-29-25  
**Account:** 12328  
**Invoice:** 129253

Date	For	Qty	Description	Net Price
08-29-25	Misha	1	Revolution Plus Cat 5.6-11# Single Dose	37.30
08-29-25		1	Droncit Canine 34mg	15.25
08-29-25		1	Zorbium GRN 20mg/mL	39.37
08-29-25		1	Injection - Depo-medrol 1mL	52.50
08-29-25		1	Injection- Convenia 2-25#	123.50
08-29-25		1	Suture Vicryl 4-0	56.00
08-29-25		8	Dental extraction, Molars	800.00 **
08-29-25		1	Biohazard Fee - In Pkg	0.00
08-29-25		1	IV/SQ Fluids	0.00
08-29-25		1	Antibiotic injection	0.00
08-29-25		1	Ultrasonic scale/ polish teeth	0.00
08-29-25		1	Dental feline	0.00
08-29-25		1	Cardiac and respiratory monitor-included	0.00
08-29-25		1	General anesthesia	0.00
08-29-25		1	IV catheter	0.00
08-29-25		1	Dental Prophalaxis - Feline	481.50
Total charges, this invoice...				1605.42
**Total discount included: 504.00				
Your old balance...				-778.65
Total payment(s) received...				826.77
08-29-25 Visa payment				826.77
Your new balance...				0.00

Your invoice total reflects our **CAM CLIENT** discount.

Patient	Total charges
Misha	1605.42

PLEASE NOTE, FLORIDA STATE LAW DOES NOT ALLOW THE RETURN OF ANY PRESCRIPTION MEDICATIONS.

# INVOICE

## Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive  
Davie, FL 33328  
954-473-0192

"Keeping your pets healthy and happy!"

**FOR:** Dennis McCormick  
2010 NW 99th Ave  
Miramar, FL 33025  
(954) 822-3132

**Printed:** 01-08-26 at 2:42p  
**Date:** 08-15-25  
**Account:** 12328  
**Invoice:** 129063

Date	For	Qty	Description	Net Price
08-15-25	Misha	1	Senior Wellness Bundle	154.78
08-15-25		1	Technician Appointment	16.50
08-15-25		1	Biohazard disposal fee	8.00
Total charges, this invoice...				179.28
Your old balance...				0.00
Total payment(s) received...				179.28
08-15-25 Debit payment				179.28
Your new balance...				0.00

Patient	Total charges
Misha	179.28

PLEASE NOTE, FLORIDA STATE LAW DOES NOT ALLOW THE RETURN OF ANY  
PRESCRIPTION MEDICATIONS.

WE THANK YOU FOR VISITING US. HAVE A GREAT DAY!

# INVOICE

## Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive  
Davie, FL 33328  
954-473-0192

"Keeping your pets healthy and happy!"

**FOR:** Dennis McCormick  
2010 NW 99th Ave  
Miramar, FL 33025  
(954) 822-3132

**Printed:** 01-08-26 at 2:43p  
**Date:** 07-31-25  
**Account:** 12328  
**Invoice:** 128887

Date	For	Qty	Description	Net Price
07-31-25	Misha	1	Injection- Convenia 2-25#	123.50
07-31-25		1	DECLINED: Senior Wellness Bundle	0.00
07-31-25		1	Full Examination/Office Visit	78.00
Total charges, this invoice...				201.50
Your old balance...				0.00
Total payment(s) received...				201.50
07-31-25 Debit payment				201.50
Your new balance...				0.00

Patient	Total charges
Misha	201.50

PLEASE NOTE, FLORIDA STATE LAW DOES NOT ALLOW THE RETURN OF ANY  
PRESCRIPTION MEDICATIONS.

WE THANK YOU FOR VISITING US. HAVE A GREAT DAY!

9/16/15 post dental follow up  
MC

Diet: wet food  
Preventives HW \_\_\_\_\_ q \_\_\_\_\_ Flea/Tick \_\_\_\_\_ q \_\_\_\_\_

C/S/V/D: \_\_\_\_\_

WEIGHT 6.4	RESPIRATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	INTEGUMENT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TEMP	DIGESTIVE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EARS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
CIRCULATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	GENITO-URINARY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
HR	ORODONTAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	LYMPH NODE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
MUCOUS MEMBRANE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MUSCULOSKELETAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	NEURAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

- eating ok  
- 85 away  
x 1 week  
(don't let well)  
- Not P 4 / PD

PE: Dentures:

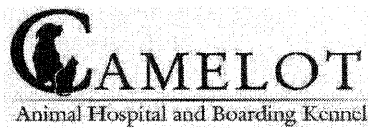
- buccal / cheek gingiva better - ↓ redness  
& throat looks good  
& under tongue / lingual gingiva worse  
- but still red gingiva above / canine to  
maxillary canines &  
& palatine arches

Stomatitis / gingivitis still present @  
Canines and  
Palatine arches

now - recheck 1 month.

"Mishel" McCormick

PATIENT NAME



10441 Orange Drive, Davie, FL 33328  
Phone: (954) 473-0192 - Fax: (954) 476-0173  
[www.CamelotAnimalHospital.com](http://www.CamelotAnimalHospital.com)

**Misha McCormick**

### **Cat Dental with Extractions**

Your pet had surgery today. She will most likely be sleepy and not herself for the next 24 hours. This is normal. However, if you have any questions or concerns, please feel free to call.

#### **Post-Operative Feeding and Walking**

1. Offer his normal food and water.
2. Have a normal litter box and normal food and water available.
3. Keep in a confined room overnight with food, water and litter box so that you can keep an eye on her. She can free roam the house the next day.
4. Keep her inside (don't let her outdoors for 3 days).

#### **Mouth Care**

1. Before you go home with your pet, check to see what the mouth looks like.
2. Monitor the mouth daily to make sure it is healing and does not look unusual. Some blood in the saliva is normal for a few days. Her tongue may also be swollen from dissecting out the teeth from the lower jaw.
3. If you are concerned about anything after hours, please consult the nearest emergency clinic.

#### **Medications**

The following medications have been prescribed. Unless otherwise directed, you can start the medications with food the day after surgery.

1. We gave a Convenia injection which is a long acting antibiotic injection and an injection of Depomedrol for the gum inflammation.
2. Zorbium- We applied a long acting pain medication that should last for 3 full days.
3. Droncit 34 mg- We gave her this pill because she had tapeworms.
4. Revolution plus (orange)- we applied this to her upper neck for fleas which we saw. This treats them for a month.

#### **Recheck**

1. I would like to recheck her mouth in 2 -3 weeks. Her mouth should heal in the next 14 days.
2. There are sutures in her mouth but they do not need to come out- they will absorb or fall out.
3. If you have any questions in the meantime, please call.

**Thank you,**

Lisa Feinstein, DVM Camelot Animal Hospital and Boarding Kennel, 954-473-0192

8/29/15

Camelot Animal Hospital and Boarding Kennel  
10441 Orange Drive  
Davie, FL 33328  
954-473-0192  
Feinstein, Lisa Lic #7718

**McCormick, Dennis (12328)**  
**FOR: Misha/Feline**  
08-29-25  
Exp: 03/31/26  
applied onto dorsal neck after dental for 3 days of  
pain medicine.  
Zorbium GRN 20mg/mL (1 tube)

Camelot Animal Hospital and Boarding Kennel  
10441 Orange Drive  
Davie, FL 33328  
954-473-0192  
Feinstein, Lisa Lic #7718

**McCormick, Dennis (12328)**  
**FOR: Misha/Feline**  
08-29-25  
Exp: 06/30/25  
Apply to the skin at the base of the head once a  
month to prevent heartworm disease, intestinal  
parasites, fleas & ticks.  
Revolution Plus Cat 5.6-11# Single Dose (1 ea)

Applied  
in  
cage  
last  
OP

Camelot Animal Hospital and Boarding Kennel  
10441 Orange Drive  
Davie, FL 33328  
954-473-0192  
Feinstein, Lisa Lic #7718

**McCormick, Dennis (12328)**  
**FOR: Misha/Feline**  
08-29-25  
Exp: 06/30/26  
gave one Droncit 34 mg by mouth to treat  
tapeworms.  
Droncit Canine 34mg (1 tablet)

Misha  
PATIENT NAME

8/12/12

Roots completely adhered to alveolar bone - made sure no sharp piece sticking up but hard to extract teeth - no drill drily.

Putting dental - on rectal thermometer, tape warm proglathes visible

Free (+) on face

Concrete - 0.31cc x 2

Openair - 1cc x 2

+  
Zarbin (green) > 6.6 (15) applied

EMW - 5 mins at ear side -

Discussed w/ 5 that bottom mandible teeth - so adhered root to alveolar bone, used drill & root piece possibly left - should absorb for free - Revoluter (+) - good &

for tylenol

Misha

PATIENT NAME

Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive

Davie, Florida, 33328

Phone: 954-473-0192 Fax: 954-476-0173

RT lower one tooth / one piece of broken tooth

Owner/Patient/File/Date: Dennis McCormick Misha 110657, 8/29/25 (2)

LT lower Bottom

Surgical Procedure: Dental extractions

Surgeon: Dr. Feinstein Atropine Dose: 0.1mc

Surgeon Technician: Chantelle / Andrew Dex SP Dose:

Tranquilization: Dopram Dose:

Premedication: Epinephrine Dose:

Induction: 11:55 AM Doses approved by surgeon

Maintenance: 20ml HR @ beginning / 20ml HR Res + of SX

Fluids: 50ml LR

Endotracheal Tube:

Monitor:

Time	12:00 PM	12:05 PM	12:10 PM	12:15 PM	12:20 PM	12:25 PM	12:30 PM	12:35 PM	12:40 PM	12:45 PM	12:50 PM
Temp	99.3	100.4	100.4	100.4	100.3	100.3	100.3	100.3	100.3	100.3	100.3
Pulse	159	102	108	90	138	150	159	148	142	121	150
Resp	10	16	11	8	14	20	20	38	29	38	29
O2Sat	96	90	7	8	96	99	99	99	100	100	100
Inh %	2	2	1.5	0	1.5	2	2	2	2	1	1.5
Co2	44	60	34	46	49	50	52	58	52	54	54
BP	141/99	113/58	113/58	133/94	126/99	126/99	126/99	126/99	126/99	126/99	126/99
	(104)	(76)	(76)	(107)	(107)	(107)	(107)	(107)	(107)	(107)	(107)

Time	/	/	/	/	/	/	/	/	/	/	/
Temp	/	/	/	/	/	/	/	/	/	/	/
Pulse	/	/	/	/	/	/	/	/	/	/	/
Resp	/	/	/	/	/	/	/	/	/	/	/
O2Sat	/	/	/	/	/	/	/	/	/	/	/
Inh %	/	/	/	/	/	/	/	/	/	/	/
Co2	/	/	/	/	/	/	/	/	/	/	/
BP	/	/	/	/	/	/	/	/	/	/	/

# Feline Dental Chart

Pet's Name: Misha Medley Date: 8/29/15  
 Breed: \_\_\_\_\_ Age: 1 yrs Sex: SR  
 Presenting Complaint: Stomatitis

## Procedure Record

Signs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

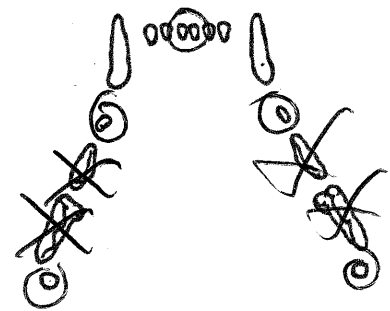
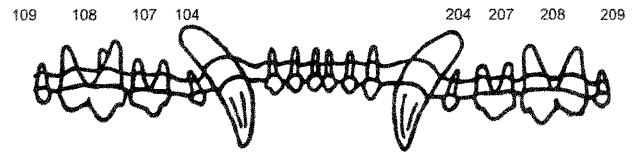
Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clean / Polish \_\_\_\_\_  
 Subgingival Debridement: \_\_\_\_\_  
 X-rays: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Antibiotics Dispensed: \_\_\_\_\_  
 Pain Medications: \_\_\_\_\_  
 \_\_\_\_\_

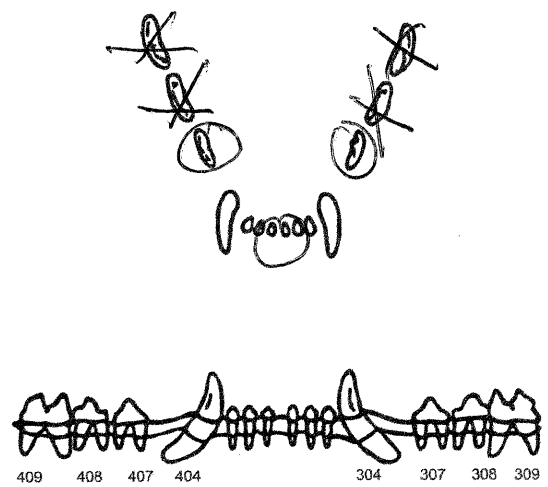
Home Care: \_\_\_\_\_  
 Recheck: \_\_\_\_\_



Right Maxilla Left  
Mandible

## Abbreviation Key

- |  |                                    |
|--|------------------------------------|
| AT — Attrition                           | OM — Oral Mass                     |
| AB — Abrasion                            | ONF — Oronasal Fistula             |
| CA — Caries                              | OP — Odontoplasty                  |
| CCF — Complicated crown fracture         | PD — Persistent Deciduous          |
| CCRF — Complicated crown & root fracture | PP — Periodontal Pocket            |
| CWD — Crowding                           | RAD — Radiograph                   |
| ED — Enamel Defect                       | RPC — Root Planing, Closed         |
| FE — Furcation Exposure                  | RPO — Root Planing, Open           |
| GH — Gingival Hyperplasia                | RTR — Retained Tooth Root          |
| GR — Gingival Recession                  | TR — Tooth Resorption              |
| GV/GP — Gingivectomy/Plasty              | UCF — Uncomplicated crown fracture |
| M — Mobile Tooth                         | X — Extraction                     |
| ○ — Missing Tooth                        |                                    |



## TREATMENT PLAN ESTIMATE

Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive  
Davie, FL 33328  
954-473-0192

Dennis McCormick  
2010 NW 99th Ave  
Miramar, FL 33025  
954-822-3132

Admitting Veterinarian Feinstein, Lisa

This document lists procedures to be performed on Misha. This estimate only approximates the cost of this visit. It does not include any treatments that may be deemed necessary upon examination and commencement of the included treatments. You are responsible for all fees incurred during this visit included or not on this estimate.

The following is a list of the treatments and/or supplies expected to be required during this visit and their approximate cost.

If you have any questions concerning this estimate please do not hesitate to ask.

Procedure or Dispensed Item	Qty	Charge	To
Dental Prophalaxis - Feline		481.50	
IV catheter		0.00	
General anesthesia		0.00	
Cardiac and respiratory monitor-included		0.00	
Dental feline		0.00	
Ultrasonic scale/ polish teeth		0.00	
IV/SQ Fluids		0.00	
Dental extraction, single root		100.00	
Dental extraction, double root		800.00	
Injection- Convenia 2-25#		123.50	
Zorbium PINK 20mg/mL		26.05	
Injection - Depo-medrol 1mL	0.50	26.25	
Biohazard Fee - In Pkg		0.00	

Total estimate charges... \$1557.30

Created: 07-31-25

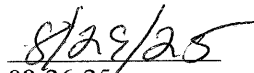
Be assured that the health of Misha is our highest concern and we will do everything possible to maintain that health. Understand, too, that your signature below indicates that you have reviewed and agree to the terms of this estimate.

A MINIMUM DEPOSIT OF 50% IS REQUIRED AT TIME OF DROP OFF.

Your signature below does not make you responsible for the charges listed above unless performed upon Misha.

I accept and agree to the terms of this estimate:

  
Dennis McCormick

  
08-26-25



Animal Hospital and Boarding Kennel

10441 Orange Drive, Davie, FL 33328  
Phone: (954) 473-0192 - Fax: (954) 476-0173  
www.CamelotAnimalHospital.com

**DROP-OFF CONSENT FORM**

OWNER'S NAME: McCORMICK, Dennis PET'S NAME: MISHA  
K-9 / FELINE BREED: DOMESTIC SHORT HAIR SEX: F;S D.O.B. 08/01/2014  
COLOR / MARKINGS / NOTABLE SCARS \_\_\_\_\_

I certify that I own the above described animal and I do hereby consent and authorize the veterinarians of Camelot Animal Hospital to hospitalize it, and to administer any vaccinations, medications, tests, surgical procedures or treatments that the doctor or his/her associates deem necessary for the health, safety, or well-being of the above animal while it is under their care and supervision.

I understand that the fee(s) due for my pet's care will be paid in full upon pick up and discharge will take place during regular office hours only. If I neglect to pick up my pet within five (5) days of written notice that it is ready for release, you may assume that the animal is abandoned, and you are hereby authorized to dispose of it as you see fit. I further realize that if I fail to pay any fees due, I will be responsible for the reasonable costs of collection, court costs, attorney's fees, and collection agency fees.

If my pet should injure itself in an escape attempt, refuse food, urinate, or defecate on itself, or become ill or die while in the hospital, I will hold Camelot Animal Hospital, its veterinarians, and employees free of any responsibility and/or liability in the absence of gross negligence. I also understand that Camelot Animal Hospital's veterinarian is not on the premises after regular office hours. If for any reason my pet's well-being is in doubt after regular office hours, I will seek medical attention for it at the nearest animal emergency clinic at my own financial responsibility.

In the event that I change my plans, become ill, change my address, or otherwise lose contact with the hospital, it shall be my duty to inform Camelot Animal Hospital immediately of such changes.

I hereby acknowledge that I have read the foregoing and fully understand the terms and conditions set forth.

SERVICES REQUESTED: DENTAL w/ MULTIPLE extractions

PHONE #(S) I CAN BE REACHED AT TODAY: 954-822-3132

MY PET HAS EATEN TODAY: Y / N

At Camelot Animal Hospital, it is our commitment to do as much as possible to prevent pain and infection for our patients. It is therefore quite possible that the doctor who performs surgery on your pet may deem it necessary to administer or dispense drugs for pain management and/or antibiotics to fight infection after surgery. There will be **additional charges** for these drugs if the doctor decides to use them for your pet.

**I AUTHORIZE THE PROFILE INDICATED AND ANY PAIN MANAGEMENT/ ANTIBIOTIC TREATMENT.**

INITIALS DM  
OWNER'S SIGNATURE Dennis McCormick DATE 8/29/25



## Owner Consent for CPR or DNR

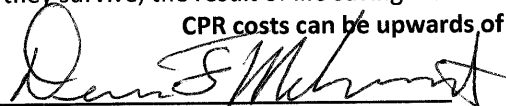
**CPR- Cardio Pulmonary Resuscitation**, is the treatment provided for a pet that has stopped breathing or that's heart has stopped beating. Resuscitation attempts of a pet that has stopped breathing, but still has a heartbeat, are more likely to be successful. The initiation of CPR does not guarantee preservation of life.

**DNR-Do Not Resuscitate**, means that if a pet stops breathing or if their heart stops beating, no effort will be made by the veterinary team to revive the pet and the pet will be allowed to die.

### IN THE EVENT OF A MEDICAL CRISIS

I wish for the doctors and staff of Camelot Animal Hospital and Boarding Kennel to perform **CPR** on my pet if it goes into respiratory or cardiac arrest. I understand that my pet may not respond to life saving measures and if they survive, the result of life saving measures may cause permanent health issues.

**CPR costs can be upwards of \$400**

Signature 

Date 8/29/25

Consent is effective for 1 year

---

I **DO NOT** want CPR performed on my pet. I understand if my pet stops breathing or if their heart stops beating, my pet may die. I elect to have DNR orders placed on my pet's account and no life saving measures will be taken.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Consent is effective for 1 year



Animal Hospital and Boarding Kennel

10441 Orange Drive, Davie, FL 33328  
Phone: (954) 473-0192 - Fax: (954) 476-0173  
www.CamelotAnimalHospital.com

## Pre-surgical Blood Testing

Our greatest concern is the well-being of your pet, especially during anesthesia. In preparation for any anesthetic event, patient blood work is evaluated as part of our procedures to ensure adequate health of your pet.

Performing pre-operative blood work reduces the risk but may not prevent complications. It does help us to:

- Minimize the risk of anesthesia by determining the safest medications to use for your pet.
- Identify any underlying disease not found by the history or physical examination.
- Establish healthy baseline values.
- Postpone procedures and perform additional diagnostic testing if indicated.

### Recommended Tests:

#### Complete Blood Count (CBC)

- White Blood Cells: Evaluates the immune system status and identifies infection or inflammation.
- Red Blood Cells: Evaluates the body's ability to carry oxygen to the tissues.
- Platelets: Part of the blood clotting system, adequate numbers must be present to prevent excessive bleeding.

#### Chemistry and Electrolyte Profile

- Chemistry tests provide vital information about the internal organ function (liver, kidneys, pancreas, etc.) that cannot be determined from a physical examination.
- Electrolytes provide vital information regarding heart function, fluid balance and the need for fluids during and after anesthesia.

#### COMPREHENSIVE PRE-ANESTHETIC PROFILE

( ) \$229.00 recommended for pets 7 years and older.

OR

#### MINI PROFILE

( ) \$117.00 recommended for pets under 7 years old.

#### I AUTHORIZE THE PROFILE INDICATED

OWNER: \_\_\_\_\_ PET: \_\_\_\_\_ DATE: \_\_\_\_\_



#### I DO NOT AUTHORIZE THE PROFILE INDICATED

I decline the recommended pre-anesthetic blood test for my pet \_\_\_\_\_ and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. I also understand that performing these blood tests reduces the risk but does not eliminate the potential for complications.

OWNER: [Signature] PET: Misha DATE: 8/29/25

BW done 8/22/25

3-29-25  
AMI

Dental with multiple extractions.

Diet: \_\_\_\_\_

Preventives HW \_\_\_\_\_ q \_\_\_\_\_ Flea/Tick \_\_\_\_\_ q \_\_\_\_\_

C/S/V/D: \_\_\_\_\_

WEIGHT 6.8	RESPIRATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	INTEGUMENT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TEMP	DIGESTIVE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EARS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
CIRCULATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	GENITO-URINARY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
HR	ORODONTAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	LYMPH NODE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
MUCOUS MEMBRANE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MUSCULOSKELETAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	NEURAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Prep bloodwork  
one except

P 6/2/25

C McCormick

W center

Adapt P. P. P. Inc, W. W. #3.5

Dental/Extractions

Rt side Extracted Both upper 107 & 108  
&

Lower - used Dremel w/  
drill bit to divide tooth  
& took # 408 -

took # 409 piece of sharp  
tooth root - removed

Lt side Extracted Both upper # 207 & 208  
R

Lower used dremel / drill bit  
to divide & removed

"Misha" McCormick

PATIENT NAME

308 & 309

Closed extractions w/ 400 size

# TREATMENT PLAN ESTIMATE

Camelot Animal Hospital and Boarding Kennel

10441 Orange Drive  
 Davie, FL 33328  
 954-473-0192

Dennis McCormick  
 2010 NW 99th Ave  
 Miramar, FL 33025  
 954-822-3132

Admitting Veterinarian Feinstein, Lisa

This document lists procedures to be performed  
 this visit. It does not include  
 commencement  
 included

Misha. This estimate only approximates the cost of  
 may be deemed necessary upon examination and  
 responsible for all fees incurred during this visit

The follo  
 approxi

If you hav

Pro  
 Dental Prop  
 IV catheter  
 General anes  
 Cardiac and r  
 Dental feline  
 Ultrasonic sca  
 IV/SQ Fluids  
 Dental extractio  
 Dental extractio  
 Injection- Convenia 2  
 Zorbium PINK 20mg  
 Injection - Depo-medrol 1mL  
 Biohazard Fee - In Pkg

8/18

- please confirm  
 SE w/ o once  
 bloodwork comes  
 back  
 - o would like an  
 abx inj. given  
 following dental  
 because o is going  
 out of town  
 - o would like a  
 call day before  
 for instructions  
 before procedure

ed to be required during this visit and their

t hesitate to ask.

rge To

Total estimate charges... \$1557.30

Created: 07-31-25

Be assured that the health of Misha is our highest concern and we will do everything possible to maintain that health. Understand, too, that your signature below indicates that you have reviewed and agree to the terms of this estimate.

**A MINIMUM DEPOSIT OF 50% IS REQUIRED AT TIME OF DROP OFF.**

Your signature below does not make you responsible for the charges listed above unless performed upon Misha.

I accept and agree to the terms of this estimate:

\_\_\_\_\_  
 Dennis McCormick

\_\_\_\_\_  
 08-22-25

**clientservice@camelotanimalhospital.com**

---

**From:** clientservice@camelotanimalhospital.com  
**Sent:** Saturday, August 23, 2025 8:32 AM  
**To:** 'dennis mccormick'  
**Subject:** Estimate....  
**Attachments:** Misha.pdf

Good morning:

Attached, please find the estimate you requested. Please contact us if you have any additional questions. Thank you.

Best regards,  
Jennifer Cooper  
Front Desk Staff  
Camelot Animal Hospital and Boarding Kennel  
10441 Orange Drive  
Davie, FL 33328  
(954) 473-0192  
[www.camelotanimalhospital.com](http://www.camelotanimalhospital.com)

**Camelot Animal Hospital**

10441 ORANGE DR, UNITED STATES, DAVIE, FL, 33328, USA

Dr. Feinstein, Lisa

Received  
8/22/2025

Reported  
8/22/2025

Accession#  
BRAB02883042



Patient Name  
Misha

Owner  
McCormick  
Dennis

Species  
Feline

Breed  
Domestic  
Shorthair

Sex  
SF

Age  
11Y

Patient ID  
N

Test Requested	Results	Adult Reference Interval	Units
<b>Adult Wellness Chemistry w/SDMA</b>			
TOTAL PROTEIN	9.2 (HIGH)	5.2-8.8	g/dL
ALBUMIN	2.6	2.5-3.9	g/dL
GLOBULIN	6.6 (HIGH)	2.3-5.3	g/dL
A/G RATIO	0.4	0.35-1.5	
ALT (SGPT)	25	10-100	IU/L
ALK PHOS	12	6-102	IU/L
BUN	28	14-36	mg/dL
CREATININE	1.2	0.6-2.4	mg/dL
SDMA	7.9	<15.0	UG/dL
BUN/CREAT RATIO	23	4-33	
GLUCOSE	194 (HIGH)	64-170	mg/dL
The glucose concentration in this cat is >170 mg/dl. A fructosamine level may be helpful in differentiating stress hyperglycemia from early or sub-clinical diabetes mellitus. If you would like to add on this test please call Customer Service. Please use test code 500016 for this additional testing.			
SODIUM	148	145-158	mEq/L
POTASSIUM	4.0	3.4-5.6	mEq/L
NA/K RATIO	37	32-41	
CHLORIDE	115	104-128	mEq/L

Test Requested	Results	Adult Reference Interval	Units
<b>Complete Blood Count</b>			
WBC	24.2 (HIGH)	3.5-16.0	10 <sup>3</sup> /uL
RBC	7.3	5.92-9.93	10 <sup>6</sup> /uL
HGB	10.7	9.3-15.9	g/dL
HCT	34	29-48	%
MCV	47	37-61	fL
MCH	14.8	11-21	pg
MCHC	31	30-38	g/dL
Platelet Count	333	200-500	10 <sup>3</sup> /uL
Platelet Estimate	ADEQUATE		
<b>Differential</b>			
	<b>Absolute</b>	<b>%</b>	
Neutrophils	20,328 (HIGH)	84	2,500-8,500 /uL
Bands		0	0-3
Lymphocytes	2,420	10	1,200-8,000 /uL
Monocytes	484	2	0-600 /uL
Eosinophils	968	4	0-1,000 /uL
Basophils	0	0	0-150 /uL

Test Requested	Results	Adult Reference Interval	Units
T4			

T4

1.6

0.8-4.0

ug/dL

Reviewed by  UF  
Signature/Initials

Order Notified  UF  
Signature/Initials

8/22/25

For Stomach / chere - local

smelting - needs extractor and  
dental

- Reverse estimate & They do dental

TL Appraisal / Conrema

8/23/25

Chen - Ghouse (194) - stream

T. Protein (9.2) T } marks

Globulin (6.6) T } Inflammation

App - T WBC (24,200)

Metformin

Ty - 6.6

one for zirconium dental w/ extractor.

Misha

PATIENT NAME

8/15/25

8/14/25

bloodwork

MC

Diet: wet food.

Preventives HW \_\_\_\_\_ q \_\_\_\_\_ Flea/Tick \_\_\_\_\_ q \_\_\_\_\_

C/S/V/D:

WEIGHT 6.9	RESPIRATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	INTEGUMENT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TEMP	DIGESTIVE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EARS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
CIRCULATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	GENITO-URINARY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
HR	ORODONTAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	LYMPH NODE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
MUCOUS MEMBRANE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MUSCULOSKELETAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	NEURAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

p eating new treats

d eating wet food

Senior wellness BW

for dental

8/19/25

bloodwork never went to lab - we checked zeon's, Antech, etc -

so I called & will bring cat

back in on Friday 8/22 @ 8:30am.

8/22/25

redo senior complete bw w/ Zoetis

MC  paid already

Diet: \_\_\_\_\_

Preventives HW \_\_\_\_\_ q \_\_\_\_\_ Flea/Tick \_\_\_\_\_ q \_\_\_\_\_

C/S/V/D: \_\_\_\_\_

WEIGHT 6.94	RESPIRATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	INTEGUMENT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TEMP	DIGESTIVE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EARS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
CIRCULATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	GENITO-URINARY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
HR	ORODONTAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	LYMPH NODE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
MUCOUS MEMBRANE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MUSCULOSKELETAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	NEURAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Misa McCorm

PATIENT NAME

Misha (Feline)

Breed: Domestic Shorthair

Color:

Sex: Spayed Female

Wt: 0.0 lbs

Birthday: 08-01-14

Age: 11y

MCCORMICK, DENNIS (12328)

2010 NW 99TH AVE

MIRAMAR, FL 33025

(954) 822-3132

7/31/ps not eating dry food, was on abx for MC tooth infection, o thinks p still has infection

Diet: Friskies Wet

Preventives HW Rev@ q Flea/Tick Rev@ q

C/S/N/D: 0

WEIGHT 6.7	RESPIRATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	INTEGUMENT <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TEMP 100.6	DIGESTIVE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EARS <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
CIRCULATORY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	GENITO-URINARY <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	EYES <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
HR 144	ORODONTAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	LYMPH NODE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
MUCOUS MEMBRANE <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MUSCULOSKELETAL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	NEURAL SYSTEM <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

p has been not eating hard dry food. o is giving wet food that p will eat. o worried p is not eating enough. Weak left hind leg. Was on Clindamycin for mouth but now

finished. Weakness when trying to squat to pee.

LR - VM; perhaps or that of left leg before cat was rescued - Abdomen with heart/lungs OK

rec dental x extraction; biopsy = stomatitis; underlying neoplasm

Misha McCormick

Convenia RF SQ 0.3 mL

PATIENT NAME