



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: Mariana Leon

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: **\$6741.62**

Funds available: _____
Director

Total Amount Approved \$ _____



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

Date: 10/1/25

Name: Mariana Leon

Address: 2415 NW 116 Terrace
Coral Springs, FL 33065

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>	Mariana Leon
<u>Address</u>	2415 NW 116 Terrace
<u>Telephone Number</u>	561-251-9354
<u>Animal Name</u>	Lucy (formerly Beatrice)
<u>Animal ID#</u>	A2437768
<u>Date of adoption/rescue</u>	9/5/25

Chronological History Timeline:

Date: 9/5/2025 20__

Day of adoption. While processing adoption paperwork at Broward County Animal Care, my husband and I noticed Lucy was limping from the right leg. The clerk helping me with the adoption took her back to see BCAC staff vet and they gave us an anti-inflammatory to take home assuming she was limping from just running outside.

Date: 9/9/2025 20__

The limping by now kept switching from leg to leg. She would favor the right, then switch to the left. We also noticed that she would have the intentions to start running while playing outside then stop just after a couple seconds, like she was scared to continue.

Date: 9/12/2025 20__

Lucy woke up with very limp back legs (this time both were not working). She was dragging herself around and showing clear signs of pain. I texted my primary vet (Dr. Javier Borrero) who told me to bring her in that morning. He tested her for Lyme and she was negative. He then did X-rays and recommended we got with a specialty vet surgeon right away. He recommended Dr Jason Horgan. We were able to book Dr Horgan for 9/29/25. For the meantime, Dr. Borrero prescribed Carprofen, Ursolyx and Felxadin Advanced to help her feel more comfortable until she was able to see Dr. Horgan.

Date: 9/29/2025 20__

Upon reviewing X-rays and Lucy in person, Dr Horgan advised us she will need surgery on both knees due to Bilateral CCL disease. He verbally advised us to have this done ASAP as any rough movement can make it worse. He gave us the estimate for each knee at \$5851.97-\$6601.97 (so both knees at \$11,703.94 - \$13,203.94). He explained once he does the first knee surgery, he would need her back to do her second in approximately 2-3 months so the other knee does not get worse as she will favor that one once the 1st operation is done and she goes through recovery.

Please attach additional pages if needed.

AFFIDAVIT
Please Have Notarized

NAME:	Mariana Leon
Address:	2415 NW 116 Terrace
Telephone Number:	561-251-9354
Animal Name	Lucy (formerly Beatrice)
Animal ID#	A2437768
Date of adoption:	9/5/25

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

Mariana Leon
Print Name:

Mjeron
Signature:

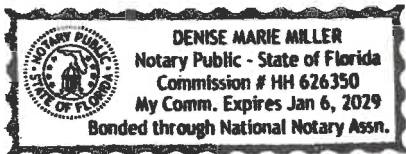
State of Florida

County of Broward

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of October, 2025, by Mariana Leon, who is personally known to me or who has produced _____ as identification.

Signature of Notarial Officer: *DM*

Notary Stamp or Name Typed/Printed:



My Commission Expires: 1/6/2029

Serial Number (if any): _____

(Seal, if applicable)



Mariana Leon
 2415 NW 116 Terrace
 Coral Springs, FL
 33065
 (561) 251-9354

Aycock Veterinary Clinic
 5490 Stirling Rd
 Davie, FL 33314-7457
 Tel: (954) 989-8393
 aycockcustomer@hotmail.com



Payment History - Mariana Leon

Receipt Number 10226
Payment Entry Date 9/12/2025 9:33 AM
Description Payment on 9/12/2025 for services rendered by Aycock Veterinary Clinic
Amount Paid \$390.00
Payment Visa \$390.00
 Last 4 of Credit Card: 3540
 Approval Number: 090121
Transaction Id 1379641064
Cashier Sabrina L.

Invoice Number	10308						
Date	9/12/2025						
Patient	Provider	Description	Date	Quantity	Subtotal	Tax	Total
Lucy	Javier Borrero, D.V.M.	HWT/Blood parasites 4DX PLUS	9/12/2025	1	\$61.90	\$0.00	\$61.90
Lucy	Javier Borrero, D.V.M.	Digital Radiology 2 Views	9/12/2025	1	\$305.50	\$0.00	\$305.50
Lucy	Javier Borrero, D.V.M.	IMAGYST Intestinal Parasite Exam	9/12/2025	1	\$42.50	\$0.00	\$42.50
Lucy	Javier Borrero, D.V.M.	Flexadin Advanced Treats	9/12/2025	1	\$66.00	\$0.00	\$66.00
Lucy	Javier Borrero, D.V.M.	Carprofen Chewable 100mg	9/12/2025	15	\$19.75	\$0.00	\$19.75
Lucy	Javier Borrero, D.V.M.	Ursolyx Soft Chew LG	9/12/2025	1	\$84.50	\$0.00	\$84.50
Lucy	Javier Borrero, D.V.M.	Pets Discount	9/12/2025	1	(\$280.15)	\$0.00	(\$280.15)
Stella Maria	Javier Borrero, D.V.M.	CytoPoint 40 mg Inj.	9/12/2025	1	\$92.00	\$0.00	\$92.00
Stella Maria	Javier Borrero, D.V.M.	CytoPoint 10 mg Inj.	9/12/2025	1	\$58.50	\$0.00	\$58.50
Stella Maria	Javier Borrero, D.V.M.	Pets Discount	9/12/2025	1	(\$60.50)	\$0.00	(\$60.50)
					Subtotal		\$390.00
					Tax		\$0.00
					Invoice Total		\$390.00
					Paid in Transaction		\$390.00
					Paid to Date		\$390.00
					Amount Remaining		\$0.00

Lucy Leon's Reminders

Description	Date Due
Heartworm 4dx Plus	9/12/2026
IMAGYST Intestinal Parasite Ex	9/12/2026

Stella Maria Leon's Reminders

Description	Date Due
Rabies Vaccine 1 Year	3/12/2026
DHLP-Parvovirus Vacc. Annual	8/27/2026
Bordetella Vaccine	8/27/2026
Heartworm 4dx Plus	8/27/2026
IMAGYST Intestinal Parasite Ex	8/27/2026



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—shop our online store for medications,
diets, and more!



Animal Specialty Hospital

Exceptional care, pure and simple, 24/7/365

LeadER Animal Specialty Hospital

9410 Stirling Road
Cooper City, Florida, 33024
Ph: 954-437-9630

Email: medicalrecords@leadERvet.com
Website: www.leadERvet.com

From: Jason Horgan, DVM, LeadER Animal Specialty Hospital

74.3 lb

Client Details

Name Leon, Mariana And Eddie **Phone** 561 251 9354
Address 2415 Northwest 116th Terrace
Country Club
Coral Springs, Florida,
33065

Patient Details

Name Lucy **Age** 2 years
Species Canine **Sex** Female Spayed
Breed American Bulldog **Microchip**
Color Tri-Color **Referral** Dr Borrero, Javier -
Aycocock Animal Hospital

History

09-29-2025 9:46:21am, Wayne Tsang, DVM

O presented Lucy in this Morning for intermittent lameness of both hind limbs. O adopted Lucy approximately 1 month Ago from Broward Humane Society. Lucy was taken to RDVM at Aycocock Animal Hospital. Rads were obtained. Joint sprain vs Muscle trauma vs Hip Dysplasia vs Other was assessed by RDM. Lucy was Rx'd Carprofen 100 mg/tab: 3/4 tab PO BID. Ursolyx: 1 chew PO SID and Felxadin Advanced. 1 chew PO SID. No v/d/s/s/c Appetite: Normal Diet: Puppy Diet 4 cup/day. // J/G

Physical Exam

09-29-2025 10:35:05am, Munawar Khiyal Khattak, DVM

Clinician: Jason Horgan, DVM, DACVS, DACVECC

Reason for Visit: Surgical consultation for lameness in pelvic limbs.

History: O presented Lucy in this Morning for intermittent lameness of both hind limbs. O adopted Lucy approximately 1 month Ago from Broward Humane Society. Lucy was taken to RDVM at Aycocock Animal Hospital. Rads were obtained. Joint sprain vs Muscle trauma vs Hip Dysplasia vs Other was assessed by RDM. Lucy was Rx'd Carprofen 100 mg/tab: 3/4 tab PO BID. Ursolyx: 1 chew PO SID and Felxadin Advanced. 1 chew PO SID. No v/d/s/s/c Appetite: Normal Diet: Puppy Diet 4 cup/day.

Medications: carprofen, Joint supplements

PE/Findings: BAR, MM: Pk, CRT: < 2

EENT: NSF

CV/Resp: NSF

GI/GU: NSF

MS/NS: WBL in left pelvic limb on presentation, Noticeable joint effusion (L>R), Tibial thrust both stifles, Left> right, Bilateral CCL disease.

INTEG: Interdigital erythema on both rear paws.

LN: Peripheral lymphadenopathy (Left Pre-scapular and popliteal lymph nodes enlarged).

Rectal: NSF

Diagnostics: Radiographs from RDVM, nothing significant noted

Assessment: Bilateral CCL disease. Peripheral lymphadenopathy (R/O) infectious vs inflammatory vs neoplastic disease.

Recommendations/Plan: Discussed records and P.E with the owner. Discussed that based on P.E, Lucy has Bilateral CCL disease. Went over CCL disease in detail, discussed different surgical options, and mentioned Lucy needs a surgical procedure (arthroscopic stifle exams and TPL.O) for CCL disease to relieve the pain and to stabilize the stifle instability. Discussed that Lucy has bilateral disease so would need the procedure on both stifles, and it is usually staged, went over the recovery time, i.e, 8-12 weeks, and addressed the complications associated with, i.e., implant failure, incisional complications, meniscal tears, patellar desmitis, OA. A cost estimate was provided to the owner. Owner to schedule the surgery. Also discussed following up with Dr. Borrero for monitoring of the lymph node

sizes and potentially aspirates.

Questions or Problems: If any problems or questions arise associated with the procedures and treatment performed at LeadER Animal Specialty Hospital, please do not hesitate to call us at (954) 437-9630.

Jason Horgan, DVM



Animal Specialty Hospital

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Estimate Client ID:340150 Estimate ID: 6317(09-29-2025) Leon, Mariana And Eddie Lucy (276560)

Table with 3 columns: DESCRIPTION, QTY, and TOTAL. Rows include various medical services like PROFILE PRE-ANESTH, IV CATHETER, PLASMA LYTE A 1L, MAROPITANT, HYDROMORPHONE, MIDAZOLAM, AMPICILLIN, EPIDURAL, PAIN MANAGEMENT, RADIOGRAPHS, and SURGICAL ASSIST/HR.

Subtotal \$5851.97 -> \$6601.97 Tax \$0.00

Total \$5851.97 -> \$6601.97

Required Deposit \$4951.48

Handwritten note: Per leg / Per Knee Both needed ✓

This estimate is not a firm quote and as such is subject to change due to unforeseen circumstances. Due to the complex nature of most cases we see, the final charges may vary from this estimate.

Este estimado no es una cotización firme, la cual está sujeta a cambios debido a circunstancias imprevistas. Los cargos finales pueden variar de este estimado, debido a la mayoría de casos que vemos y su complejidad.

We will make every effort to inform you should your pet's changing condition require substantial procedures or diagnostic work not outlined in the above estimate.

En caso de que la condición de su mascota requiera diagnósticos o procedimientos fundamentales, que no estén en este estimado, haremos el mayor esfuerzo de informarles antes de proceder.

By checking this box, I understand that final payment is due upon discharge of Lucy.

Marcando este cuadro, yo entiendo que el pago final se debe realizar al momento del alta de la mascota.

As part of our ongoing commitment to your pet's health, we encourage you to call if you have any questions. Please call the hospital at 954-437-9630.

Please be aware that any hand written notes made on this document will be null and void.
Por favor, tener en cuenta que cualquier nota escrita a mano en este papel va a ser nulo y sin efecto.

By checking this box, I agree that all the line items with a strike-through are services that I am declining for my pet Lucy.
Marcando este cuadro, estoy de acuerdo en que todos los elementos tachados son servicios con los cuales no quiero proceder para mi mascota.

By initialing in this box, I understand that if my loved one requires emergency surgery, he or she must be cleared for surgery and all estimates/deposit must be signed and left by 5:00pm. Otherwise an emergency fee of \$750 will apply. The emergency fee of \$750 will be applied automatically if your loved one needs surgery on the weekend or holidays.

Iniciando este cuadro, entiendo que si mi mascota requiere una cirugía de emergencia, él o ella debe estar listo/a para la cirugía y todos los estimados deben ser firmados y depósitos deben ser coleccionados antes de las 5:00PM. De lo contrario, se aplicara una tarifa de emergencia de \$750. La tarifa de \$750 va a ser automáticamente aplicada si la mascota requiere cirugía durante el fin de semana o los días festivos.

I have read, understand and accept the estimate and terms.
Yo he leído, entiendo, y acepto el estimado y sus terminos.

Client signature:

Date: September 29, 2025



Cranial Cruciate Ligament Disease

Associated Terms:

Cruciate Disease, Ruptured Cranial Cruciate Ligament, ACL Injury, Torn Cranial Cruciate Ligament, Partial ACL Injury, Tibial Plateau Leveling Osteotomy, Tibial Tuberosity Advancement, Lateral Suture Stabilization, Meniscal Tear

Overview

The cranial cruciate ligament (CrCL, see Figure 1.) is one of the most important stabilizers inside the canine knee (stifle) joint, the middle joint in the back leg. In humans the CrCL is called the anterior cruciate ligament (ACL). This ligament prevents the knee from moving back and forth excessively.



Figure 1. Illustration of the anatomy of the dog's knee: Blue = cranial cruciate ligament; Red = meniscus; Green = caudal cruciate; the insert shows a ruptured cranial cruciate ligament (also note that the shinbone is displaced forward and is crushing the meniscus)

The meniscus (Figure 1) is a 'cartilage-like' structure that sits in between the femur (thigh) and tibia (shin) bones. It serves many important purposes in the joint such as

shock absorption, position-sensing, and load-bearing and can be damaged when the CrCL is ruptured.

Rupture of the CrCL is one of the most common reasons for hind limb lameness, pain, and can cause knee arthritis. While the clinical signs associated with cruciate disease vary, the condition often causes rear limb dysfunction and pain.

Most commonly, cruciate disease is caused by a combination of many factors, including aging of the ligament (degeneration), obesity, poor physical condition, genetics, conformation (skeletal shape and configuration), and breed. With CrCLD, ligament rupture is a result of subtle, slow degeneration that has been taking place over a period of time rather than the result of a sudden trauma to an otherwise healthy ligament (which is very rare). Partial tearing of the CrCL is common in dogs and almost always progresses to a full tear over time.

Cranial cruciate ligament disease can affect dogs of all sizes, breeds, and ages, but rarely cats. Certain dog breeds are known to have a higher incidence (Rottweiler, Newfoundland, Staffordshire Terrier, Mastiff, Akita, Saint Bernard, Chesapeake Bay Retriever, and Labrador Retriever) while others are less often affected (Greyhound, Dachshund, Basset Hound, and Old English Sheepdog). A genetic mode of inheritance has been shown for Newfoundlands and Labrador Retrievers.

Poor physical body condition and excessive body weight are risk factors for the development of CrCLD. Both of these factors can be influenced by pet owners. Consistent physical conditioning with regular activity and close monitoring of food intake to maintain a lean body mass is advisable.

Signs & Symptoms

Dogs with CrCLD may exhibit any combination of the following signs:

- difficulty rising from a sit
- difficulty in the process of sitting (“positive sit test”)
- trouble jumping into the car
- decreased activity level or unwillingness to play
- lameness (limping) of variable severity, sometimes only noted after long periods of rest
- muscle atrophy (decreased muscle mass in the affected leg)
- decreased range of motion of the knee joint

- a popping / clicking noise (which may indicate a meniscal tear)
- firm swelling on the inside of the shin bone (fibrosis or scar tissue)
- pain
- stiffness

Pain and discomfort are expressed differently in people compared to dogs, so although dogs may not whine, cry out, or hold up their affected limb constantly, the persistence of their lameness is a sign of pain.

Diagnostics

Cruciate tears can be diagnosed from hands-on exam alone. Diagnosis is made upon eliciting forward motion of the tibia (cranial drawer sign) or via the presence of tibial thrust. This is easy in acute, complete ruptures, but may be more subtle in chronic or partial tears. Mild sedation to allow muscle relaxation and radiographs to demonstrate arthritic changes and swelling may be necessary to obtain a diagnosis. Radiographs are only required if surgery is performed to allow for surgical planning. However, radiographs may help support the exam findings in difficult cases.

Prior to surgical intervention or administration of anti-inflammatory medications for pain relief, your veterinarian will also likely perform bloodwork or ensure that your pet has had it recently performed. Knowing the overall health of your pet is important before focusing on orthopedic surgery or dispensing certain medications.

Treatment

Many treatment options are available for cruciate injury. The first major decision is between surgical treatment and non-surgical (also termed conservative or medical) treatment/management. The best option for your pet depends on many factors, including their activity levels, size, age, skeletal conformation, and degree of knee instability.

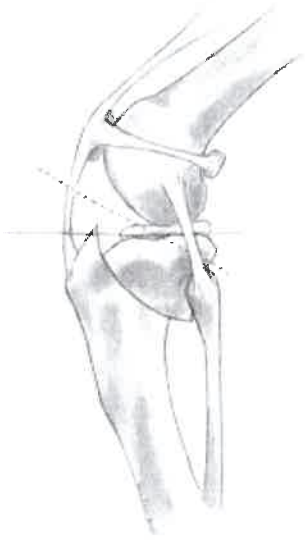


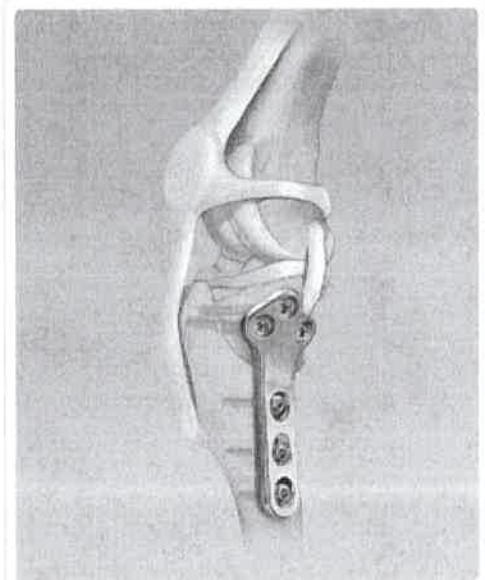
Figure 2. Illustration of the concept of the TPLO procedure which involves making a circular cut in the tibial plateau and rotating the contact surface of this bone until it attains a relatively level orientation that puts it at approximately 90 degrees to the attachment of the quadriceps muscles

Surgical treatment is typically the best treatment for cruciate injury since it is the only way to permanently control the instability present in the knee joint. Surgery addresses one of the main issues associated with CrCLD—knee instability and the pain it causes as a consequence of the loss of normal CrCL structural support.

In humans, the cruciate ligament is often replaced. This has not been possible with dogs. However, there are several treatment options.

✶ **Osteotomy-based techniques** require a bone cut (osteotomy), which changes the forces on the knee joint and prevents instability when walking. Many surgeons prefer these techniques for large, active dogs, while some surgeons prefer these techniques for even small dogs and cats, because of their consistent outcomes in even the most athletic of patients and reduction in the rate of arthritis formation:

- ✶ a. **Tibial Plateau Leveling Osteotomy (TPLO)** involves making a semicircular cut around the top of the shin bone and rotating this to a predetermined location



(Figure 2). This renders the knee more stable in the absence of the CrCL. The cut in the bone is stabilized by the use of a bone plate and screws (Figure 3). Once the bone has healed, the bone plate and screws are not needed, but they are rarely removed unless there is an associated problem (irritation, infection). This procedure has consistent outcomes, and the majority of dogs can go back to an active lifestyle after they have healed. The procedure does require time for the bone to heal and requires several weeks of confinement to prevent complications.

Figure 3. Illustration of the TPLO procedure utilizing bone plates and screws. Image provided by Synthes (USA); copyright notice: 2012 © Synthes, Inc. or its affiliates. All rights reserved.

- b. **Tibial Tuberosity Advancement (TTA)** requires a linear cut along the front of the shin (tibia) bone. The front of the tibia, is moved forward to neutralize forces around the knee. The cut in the bone is stabilized by the use of a specifically designed wedge, bone plate, and screws. Similar to the TPLO, this procedure requires several weeks of confinement while the bone heals.
- c. **CORA-Based Leveling Osteotomy (CBLO)** is a newer technique that is similar to the TPLO, but changes where the cut is made on the bone. Similar to the TPLO, a radial cut osteotomy is utilized to level the tibial plateau. This procedure is useful in young animals with open growth plates.



Figure 4. TTA. The front of the tibia is advanced forward until the attachment of the quadriceps is oriented approximately 90 degrees to the tibial plateau

Suture-based techniques involve placing suture to mimic what the intact cruciate ligament does in the dog.

- I. **Extra-capsular suture stabilization** (also called “Ex-Cap suture,” “lateral fabellar suture stabilization,” and the “fishing line technique”) is a popular technique. In this procedure, heavy suture is placed outside of the joint that mimics the place where the cruciate ligament is. This stabilizes the joint while the body puts scar tissue around the knee to hold things in place. The most common complications after this procedure involve failure of the suture and development of arthritis. While this technique is often less costly, it may not be the best choice for larger and younger patients due to the onset of arthritic changes.
- II. The **Tightrope®** utilizes a specifically developed suture and toggle implants that are placed in holes drilled through the thigh (femur) and shin (tibia) bones (Figure 5). This allows more accurate placement of the implant and better “suture” strength compared to the extra-capular suture.

Non-surgical treatment usually involves a combination of pain medications, exercise modification, joint supplements, physical rehabilitation, and possibly braces/orthotics.

- a. **Activity restriction and anti-inflammatories** – While administration of pain medications to dogs with cruciate disease may improve their comfort, knee pain persists because of continued knee instability. For this reason, strict activity restrictions (e.g., leash-based activities) are typically most effective at reducing pain. Over time, the body may stabilize the knee joint with scar tissue, but the knee is predisposed to reinjury when the patient is active in the future.
- b. **Rehabilitation therapy** – Rehabilitation may help strengthen the muscles around the knee joint and can help delay surgery in dogs with partial cruciate tears.

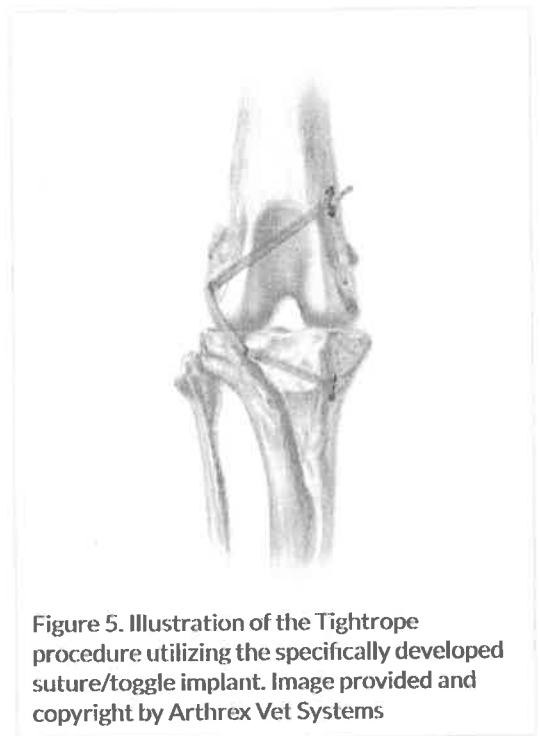


Figure 5. Illustration of the Tightrope procedure utilizing the specifically developed suture/toggle implant. Image provided and copyright by Arthrex Vet Systems

- c. *Custom knee bracing/orthotics* – Custom knee bracing is relatively new to canine orthopedics and there is little data on outcomes. Braces can be pricey and have potential complications such as sores, continued pain, and patient intolerance.
- d. *Intra-articular injections* – There are various options available for injectable therapies that can be used to attempt to address cruciate ligament injury. Platelet-rich plasma (PRP) or autologous conditioned plasma (ACP) is a specialized blood product made by concentrating a patient's own platelets. The concentrated platelets can be used to supplement the patient's own growth factors to improve the recruitment of cells to an injury site.

Aftercare and Outcome

Postoperative care at home is critical. Activity must be restricted for several weeks after surgery to ensure that there are no complications with implants or healing after surgery for cruciate disease. Complications can include:

- Infection
- Implant breakage (stretching of sutures, breakage of plates or screws)
- Bone fracture
- Meniscal tear
- Continued lameness
- Arthritis development or progression
- Muscle loss

Studies show that physical rehabilitation can speed up a dog's recovery and improve final outcomes regardless of the chosen surgical technique. This rehabilitation should start immediately after surgery and usually includes a regime of passive range of motion, balance exercises, controlled walks on a leash, and so forth. Additional details should be discussed with a board-certified surgeon and/or a primary care veterinarian.

The long-term prognosis for animals undergoing surgical repair of CCLD is good, with reports of significant improvement in 85-90% of the cases. While arthritis can progress over the years regardless of treatment type, it's expected to be at a slower rate when surgery is performed compared to medical management. Since this is likely a degenerative process in dogs, it's important to note that up to 50% of animals

diagnosed with cruciate disease in one knee will develop the same condition in the other knee, usually within the first 12-18 months after diagnosis.

- I. 40-60% of dogs that have CrCLD in one knee will, at some future time, develop a similar problem in the other knee.



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From: Jason Horgan, DVM, **LeadER Animal Specialty Hospital**
REFERRING VETERINARIANS: Dr. Borrero, Javier (Aycocock Animal Hospital)
01-05-2026

Thank you for your referral of Lucy, loved by Leon, Mariana & Eddie. This is a copy of the medical summary for your records and continued care.

35.5 kgs

Client Details

Name Leon, Mariana & Eddie **Phone** 561 251 9354
Address 2415 Northwest 116th 786-390-3530
Terrace
Country Club
Coral Springs, Florida,
33065

Patient Details

Name Lucy **Age** 2 years 3 months
Species Canine **Sex** Female Spayed
Breed American Bulldog **Microchip**
Color Tri-Color **Referral** Dr Borrero, Javier -
Aycocock Animal Hospital

History

12-10-2025 12:11:39pm, Wayne Tsang, DVM

Lucy, a 2 years old, FS, American Bulldog continued to be hospitalized for 1 day post-op left TPLO. Started eating overnight, no concern with urination.

Physical Exam

12-10-2025 12:09:43pm, Wayne Tsang, DVM

PE/Findings: BAR, MM: Pk, CRT: < 2
EENT: NSF
CV/Resp: NSF
GI/GU: NSF
MS/NS:
INTEG: Clean incision, no discharge or bad odor on left stifle incision.
LN: NSF

12-09-2025 5:26:30pm, Munawar Khiyal Khattak, DVM

PE/Findings: BAR, MM: Pk, CRT: < 2
EENT: NSF
CV/Resp: NSF
GI/GU: NSF
MS/NS: Grade II/V lameness in left pelvic limb, WBL in left pelvic limb on presentation, Noticeable joint effusion (L>R), Tibial thrust both stifles, Left> right, Bilateral CCL disease.
INTEG: Dry healthy skin, Skin on the dorsum and medial aspect of the left pelvic limb, clear, no dermatitis or pyoderma noted.
LN: NSF

Diagnostics:
Blood work: CBC: WNL
CHEM: WNL

Assessments

12-10-2025 12:08:09pm, Wayne Tsang, DVM

1 day post-op left TPLO

Right cranial cruciate ligament tear

12-09-2025 5:28:21pm, Munawar Khiyal Khattak, DVM

Bilateral CCI disease L>R.


 Plans

12-10-2025 12:09:13pm, Wayne Tsang, DVM

d/c fentanyl CRI this morning
Switch to oral medication today
TGH later this afternoon.

12-09-2025 5:28:41pm, Munawar Khiyal Khattak, DVM

Left stifle arthroscopy and LTPLO.

 Diagnostic Result

12-09-2025 11:17:58am, Jason Horgan, DVM

C-ARM/SLEEVE POST-OP RADS - Jason Horgan, DVM (Ref: US10638-DR349447)

12-09-2025 8:43:51am, Jason Horgan, DVM

CBC, Pre-Surgical Panel, Electrolytes - Jason Horgan, DVM (Ref: US10638-DR349414)

Outcome

Result Notes: *Corrected Calcium is only valid for dogs which are greater than 6 months old

Clinic Notes / Specifics

Chemistry-349414002-2025-12-09T08:38:00
Electrolytes, Pre-surgical Panel
Chem

Result Date: 2025-12-09T08:38:00

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
BUN	16.9	mg/dl	9.0	29.0	
CRE	0.9	mg/dl	0.4	1.4	
IP	5.7	mg/dl	1.9	5.0	
Ca	10.3	mg/dl	9.0	12.2	
CorrCa	10.3	mg/dl	9.0	12.2	
TP	6.5	g/dl	5.5	7.6	
ALB	3.5	g/dl	2.5	4.0	
GLOB	3.0	g/dl	2.0	3.6	
GLU	115	mg/dl	75	125	
TCHO	255	mg/dl	120	310	
ALT	50	U/l	0	120	
ALP	51	U/l	0	140	
GGT	< 10	U/l	0	14	
TBIL	< 0.1	mg/dl	0.0	0.5	
vAMY	793	U/l	100	1500	
Na	148	mEq/l	141	152	
K	3.9	mEq/l	3.8	5.3	
Cl	116	mEq/l	102	120	
NaKRatio	38				

12-09-2025 8:31:59am, Jason Horgan, DVM

CBC, Pre-Surgical Panel, Electrolytes - Jason Horgan, DVM (Ref: US10638-DR349414)

Clinic Notes / Specifics


Hematology-349414001-2025-12-09T08:26:18

CBC

CBC

Result Date: 2025-12-09T08:26:18

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
WBC	10.46	10 ³ /uL	4.00	16.53	
NEU#	7.37	10 ³ /uL	2.88	11.72	
LYM#	2.13	10 ³ /uL	0.83	4.91	
MON#	0.49	10 ³ /uL	0.14	1.02	
EOS#	0.45	10 ³ /uL	0.04	1.62	
BAS#	0.02	10 ³ /uL	0.00	0.12	
NEU%	70.5	%			
LYM%	20.4	%			
MON%	4.6	%			
EOS%	4.3	%			
BAS%	0.2	%			
HCT	47.6	%	36.9	60.0	
HGB	16.7	g/dL	13.2	22.0	
RBC	6.53	10 ⁶ /uL	5.82	8.90	
MCV	72.9	fL	60.0	76.0	
RDW-CV	12.7	%	12.2	16.4	
MCH	25.5	pg	21.0	28.2	
MCHC	35.0	g/dL	33.4	39.2	
PLT	332	10 ³ /uL	126	660	
MPV	11.2	fL	8.0	14.1	
PCT	0.37	%	0.14	0.55	

 Therapeutic / Procedure

12-10-2025 10:52:05am, Munawar Khiyal Khattak, DVM

Specifics

Date: 12/09/2025

Surgeon: Munawar Khattak, DVM, Wayne Tsang, DVM, Jason Horgan, DVM, DACVECC, DACVS.

Diagnosis: Left complete cranial cruciate ligament rupture

Procedure: Left stifle arthroscopy with tibial plateau leveling osteotomy and PRP injection.

PROCEDURE IN DETAIL:

The left hind limb was aseptically prepared for surgery. Routine stifle arthroscopy was performed. It was arthroscopically noted that the cranial cruciate ligament was completely ruptured. The medial meniscus was noted to be normal after careful probing. A tibial plateau leveling osteotomy was performed using a 21 mm blade. The tibia was rotated 10.3 mm to a tibial plateau angle which eliminated tibial thrust. The osteotomy was stabilized using a 3.5 mm Arthrex broad TPLO plate. The preoperative tibial plateau angle was 33 degrees. During the procedure, the entire surgery site was periodically lavaged with sterile saline, including prior to closure. The joint capsule was closed with 0-PDS in a cruciate pattern. Muscles were closed using 2-0-PDS suture in a simple continuous pattern. The subcutaneous tissue was closed with 3-0 PDS in a simple continuous pattern. The skin was closed with 3-0 Nylon ford interlocking pattern. The stifle was injected with PRP post op. Postoperative radiographs showed good rotation of the proximal tibia and good placement of the implants. There were no complications. The patient was taken to the recovery area in stable condition. Postoperative prognosis is good.

12-09-2025 11:07:47am, Jason Horgan, DVM

TPLO/ARTHROSCOPY UNILATERAL

Specifics

Left TPLO

12-09-2025 10:30:01am, Jason Horgan, DVM
PROPOFOL 20ML BOTTLE PLUS 1ST HOUR OF ISOFLURANE
Specifics

Invoiced 1004520

12-09-2025 8:23:49am, Jason Horgan, DVM
ISOFLURANE ANESTHESIA PER EACH ADDITIONAL 30 MINUTES
Specifics

Invoiced 1004520

12-09-2025 8:23:49am, Jason Horgan, DVM
INTRAOP MONITOR/HOUR EKG,BP,SPO2,TE
Specifics

Invoiced 1004520

12-09-2025 8:23:49am, Jason Horgan, DVM
O.R. SCRUB NURSE/HR
Specifics

Invoiced 1004520


12-09-2025 8:23:49am, Jason Horgan, DVM
SURGICAL ASSIST/HR
Specifics

Invoiced 1004520

📌 Medication

Date/Time	Drug Name	Qty	Instructions	Prescribed By
12-10-2025 12:18:37am	PLASMA LYTE A 1L (Per Bag)	1		Jason Horgan, DVM
12-09-2025 2:00:00pm	PAIN MANAGEMENT/ FENTANYL PATCH 75MCG (Per patch)	1		Jason Horgan, DVM
12-09-2025 11:09:18am	CEFPODOXIME 200 MG (Per tab)	20	GIVE 2 TABS/CAPS EVERY 24 HOURS OR 1 TIME DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD.	Jason Horgan, DVM
12-09-2025 11:09:18am	TRAMADOL 50MG (Per tab)	63	GIVE 3 TABS/CAPS EVERY 8-12 HOURS OR 2-3 TIMES DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD. MAY CAUSE SEDATION AND/OR CONSTIPATION	Jason Horgan, DVM
12-09-2025 11:09:18am	GABAPENTIN (NEURONTIN) 300MG (Per cap)	21	GIVE 1 TABS/CAPS EVERY 8-12 HOURS OR 2-3 TIMES DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD. MAY CAUSE SEDATION	Jason Horgan, DVM
12-09-2025 11:00:00am	PLASMA LYTE A 1L (Per Bag)	1		Jason Horgan, DVM
12-09-2025 10:00:00am	500ML- 0.9% NAACL BAG	1		Jason Horgan, DVM
12-09-2025 9:33:33am	MIDAZOLAM 5MG/ML INJ (Per ml)	1.35		Jason Horgan, DVM
12-09-2025 9:33:31am	MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	3.37		Jason Horgan, DVM

12-09-2025 8:23:49am	PAIN MANAGEMENT FENTANYL 0.05MG/ML INJ (Per ml)	66.73	Jason Horgan, DVM
12-09-2025 8:23:49am	PAIN MANAGEMENT DURAMORPH 1MG/ML INJ (Per bottle)	1	Jason Horgan, DVM
12-09-2025 8:23:49am	CEFAZOLIN 100MG/ML INJ (Per ml)	14.82	Jason Horgan, DVM
12-09-2025 8:23:49am	CEFAZOLIN 100MG/ML INJ (Per ml)	14.82	Jason Horgan, DVM

 Discharge Summaries

12-10-2025 10:45:45am

CLIENT DISCHARGE SUMMARY

PATIENT/CLIENT: "Lucy"/Leon, Mariana & Eddie

REFERRING VETERINARIAN: Dr. Borrero, Javier (Aycock Animal Hospital)

SURGEON: Munawar Khattak DVM, Wayne Tsang DVM, Jason Horgan DVM, DACVECC, DACVS.

Diagnosis: Bilateral cranial cruciate ligament rupture

Procedure: Left stifle arthroscopy with tibial plateau leveling osteotomy and PRP injection

Medications:

Please be aware that the amount of medication sent home may be less than the quantity prescribed due to usage in our hospital.

Drug Name

Instructions

CEFPODOXIME 200 MG (Per tab)

NEXT DOSE DUE AT 6pm

GIVE 2 TABS/CAPS EVERY 24 HOURS OR 1 TIME DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD.
Antibiotics.

TRAMADOL 50MG (Per tab)

**NEXT DOSE DUE AT 10pm
6am 2pm**

GIVE 3 TABS/CAPS EVERY 8-12 HOURS OR 2-3 TIMES DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD. MAY CAUSE SEDATION AND/OR CONSTIPATION
Pain medication.

GABAPENTIN (NEURONTIN)
300MG (Per cap)

**NEXT DOSE DUE AT 10pm
6am 2pm**

GIVE 1 TABS/CAPS EVERY 8-12 HOURS OR 2-3 TIMES DAILY. FOR VETERINARY USE ONLY. GIVE WITH FOOD. MAY CAUSE SEDATION.
Pain medication.

Transdermal fentanyl Patch Placed in Hospital
Pain medication.

Fentanyl patch
placed 12/09/2025

REMOVE ON 12/12/25

****Lucy has a Fentanyl patch on for transdermal pain control. The patch will need to be removed on 12/12/2025 by peeling off and flushing down the toilet. You need to wear gloves when removing it. Please call immediately if Lucy licks or ingests the patch. ****

If Lucy starts acting uncomfortable or restless it may be the fentanyl patch, please call us.

Please check with a veterinarian before giving any other medications you may have at home.

Diet:

Lucy can return to her normal diet.

Activity:

- **Confinement to a kennel or small area at all times when Lucy is not directly supervised is absolutely necessary for the next 8 weeks until radiographic evidence of bone healing has occurred.**
- Please make sure that Lucy has good footing in the area of confinement. A sling must be used for support when walking across slick surfaces or when going up and down stairs until the repair has healed.
- Only short controlled leash walks are allowed during the first 2 weeks to urinate and defecate. Please limit the duration of these controlled leash walks to 5-10 minutes 3-4 times a day. During bathroom breaks Lucy must be kept on a short leash at all times (no longer than 3-4 feet).
- After the 2 week recheck you may begin to increase the length and number of leash walks every few days. The goal is to be walking 20 - 30 minutes 3-4 times daily by the 8 week recheck. After the 8 week recheck if everything looks good on radiographs you may start slowly reintroducing off leash activity over the next 2 weeks.
- **Lucy must NOT be allowed to run, jump, go up or down stairs uncontrolled without support, play rough, play with other dogs, have free run of the house or have any uncontrolled off leash activity during this time.**

Incision Monitoring:

- Keep the incision clean and dry. Please check the incision 2-3 times per day for increased redness, pain, heat, swelling, discharge or separation of the incision. If any of these signs occur please call us.
- A moderate amount of swelling and bruising around the knee is common after this procedure. As the swelling subsides, it tends to settle at the level of the hock (ankle). This swelling should resolve within a few days, however if the swelling gets worse or if signs of inflammation develop, please contact us immediately.
- Do not allow Lucy to lick at the incision site as this can lead to incisional complications such as infection and dehiscence. **An E-collar must be worn at all times when not directly supervised until the incision is healed (~10-14 days)**

Monitoring and Home Care:

- **If Lucy does not continue to improve, becomes increasingly lame or painful please call us.**
- If signs of general illness such as vomiting, diarrhea, depression, decreased appetite or decreased drinking develop, discontinue all medications and call us.
- Please make sure you remove the iv catheter bandage 30 minutes after leaving the hospital. (if applicable)

Recheck schedule:

- 2 weeks postop: physical examination, incision recheck, and suture removal.
- 8 weeks postop: physical examination and radiographs

Please feel free to call LeadER if you have any questions or concerns at [954-437-9630](tel:954-437-9630). Thank you.

I have read the above instructions explained to me and I have received a copy of these instructions. All medications have been reviewed and I've been told what time the next dose is due. I've been told when to take off the catheter bandage. It has been explained to me that I must keep the E-collar on (if applicable) at all times until otherwise instructed. I understand I must schedule all follow up appointments as stated above. By signing below, I state complete understanding and compliance.

Owner Signature:

Questions or Problems: If any problems or questions arise associated with the procedures and treatment performed at LeadER Animal Specialty Hospital, please do not hesitate to call us at (954) 437-9630.

Jason Horgan, DVM



Animal Specialty Hospital

Exceptional care, pure and simple, 24/7/365

BILL TO

Mariana & Eddie Leon
2415 Northwest 116th Terrace
Country Club
Coral Springs, Florida, 33065

Next Appointment Details:09:00AM Monday 02-02-2026

LeadER Animal Specialty Hospital

9410 Stirling Road
Cooper City, Florida, 33024

Ph: 954-437-9630

Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

DATE: 100719
10-21-2025
PATIENT: Lucy
CLINICAL #: 886641

DESCRIPTION	QTY	TOTAL
PROFILE PRE-ANESTH (Heska)	1	\$245.49
MIDAZOLAM 5MG/ML INJ (Per ml)	1.35	\$33.25
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	3.37	\$120.57
PAIN MANAGEMENT FENTANYL 0.05MG/ML INJ (Per ml)	3.37	\$36.81
PROPOFLO 10MG/ML INJ (Per bottle)	1	\$70.93
IV CATHETER,INFUSION SETS,T-PORT,& EXTENTION SETS	1	\$85.28
CEFPODOXIME 200 MG (Per tab)	32	\$108.92

COMMENTS

\$346.84 to be deducted to from surgery invoice when "Lucy" comes back or procedure.

PAYMENT TERMS:

Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____

Subtotal	\$701.25
Inc. TAX	\$0.00
Total	\$701.25
Paid	\$701.25
Due	\$0.00



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Website: www.leadERvet.com

INVOICE

DATE: 1000719
10-21-2025
PATIENT: Lucy
CLINICAL #: 886641

PAYMENT TERMS:

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overdue accounts.

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cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$701.25
Inc. TAX	\$0.00
Total	\$701.25
Paid	\$701.25
Due	\$0.00



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Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

DATE: 1004520
12-10-2025
PATIENT: Lucy
CLINICAL #: 890518

DESCRIPTION	QTY	TOTAL
PROFILE PRE-ANESTH (Heska)	1	\$252.86
PAIN MANAGEMENT FENTANYL 0.05MG/ML INJ (Per ml)	66.73	\$153.09
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	3.37	\$124.19
MIDAZOLAM 5MG/ML INJ (Per ml)	1.35	\$34.45
PAIN MANAGEMENT DURAMORPH 1MG/ML INJ (Per bottle)	1	\$122.91
CEFAZOLIN 100MG/ML INJ (Per ml)	14.82	\$41.07
PROPOFOL 20ML BOTTLE PLUS 1ST HOUR OF ISOFLURANE	1	\$271.01
SPECIAL DISCOUNT	-1	-\$346.84
ISOFLURANE ANESTHESIA PER EACH ADDITIONAL 30 MINUTES	2	\$265.66
HOSPITALIZATION PER 24 HOURS	1	\$305.00
NURSING CARE	1	\$167.11

PAYMENT TERMS:

Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____

Subtotal	\$5,296.70
Inc. TAX	\$0.00
Total	\$5,296.70
Paid	\$5,296.70
Due	\$0.00



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Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

DATE:
PATIENT:
CLINICAL #:

1004520
12-10-2025
Lucy
890518

DESCRIPTION	QTY	TOTAL
IV CATHETER,INFUSI ON SETS,T-PORT,& EXTENTION SETS	1	\$87.84
PLASMA LYTE A 1L (Per Bag)	1	\$35.37
500ML- 0.9% NAACL BAG	1	\$18.36
TPLO ARTHROSCOPY	1	\$0.00
CRANIAL CRUCIATE TPLO	1	\$467.90
INTRAOP MONITOR/HOUR EKG,BP,SPO2,TE	2	\$171.42
O.R. SCRUB NURSE/HR	2	\$172.12
SURGICAL ASSIST/HR	2	\$171.39
O.R. & DISPOSABLES	1	\$512.46
SURGICAL PREP 20	1	\$125.89
BIOHAZARDOUS SURGERY FEE	1	\$42.85
OMIT MULTIPLE INJ FEE	1	-\$21.42
Surgery Call Back	1	\$0.00
C-ARM/SLEEVE POST-OP RADS	1	\$317.50
AUTOLOGOUS CONDITIONED PLASMA (PRP)	1	\$317.94
PLATE 3.5MM TPLO BROAD LEFT	1	\$501.06

PAYMENT TERMS:

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Administration fees and collection fees will be applied to
overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no
cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$5,296.70
Inc. TAX	\$0.00
Total	\$5,296.70
Paid	\$5,296.70
Due	\$0.00



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INVOICE

DATE: 1004520
12-10-2025
PATIENT: Lucy
CLINICAL #: 890518

DESCRIPTION	QTY	TOTAL
LOCKING STAR 3.5MM SCREWS	6	\$463.40
NON LOCKING 3.5MM SCREWS	1	\$32.78
8 WEEK REEVALUATION W/ RADIOGRAPHS	1	\$261.80
CEFPODOXIME 200 MG (Per tab)	20	\$76.14
TRAMADOL 50MG (Per tab)	63	\$24.83
GABAPENTIN (NEURONTIN) 300MG (Per cap)	21	\$19.44
PAIN MANAGEMENT/ FENTANYL PATCH 75MCG (Per patch)	1	\$30.68
CEFAZOLIN 100MG/ML INJ (Per ml)	14.82	\$41.07
PLASMA LYTE A 1L (Per Bag)	1	\$35.37

PAYMENT TERMS:

Payment in full is expected upon completion of treatment.
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overdue accounts.

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cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$5,296.70
Inc. TAX	\$0.00
Total	\$5,296.70
Paid	\$5,296.70
Due	\$0.00



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INVOICE

1004520

DATE:

12-10-2025

PATIENT:

Lucy

CLINICAL #:

890518

PAYMENT TERMS:

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Administration fees and collection fees will be applied to
overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no
cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$5,296.70
Inc. TAX	\$0.00
Total	\$5,296.70
Paid	\$5,296.70
Due	\$0.00



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Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

DATE: 1005656
12-22-2025
PATIENT: Lucy
CLINICAL #: 891241

DESCRIPTION	QTY	DISC.(%)	DISC.(\$)	TOTAL
SPECIALIST RECHECK	1	100	\$85.00	\$0.00
AMOXICILLIN/CLAV ULNATE 375MG (Per strip)	1			\$97.01
AMOXICILLIN/CLAV ULNATE 125MG (Per strip)	1			\$32.52
CULTURE BACT OUT LAB-MICRIM	1			\$203.24

PAYMENT TERMS:

Payment in full is expected upon completion of treatment.
Administration fees and collection fees will be applied to
overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no
cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$332.77
Inc. TAX	\$0.00
Total	\$332.77
Paid	\$332.77
Due	\$0.00



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Cooper City, Florida, 33024

Ph: 954-437-9630

Email: medicalrecords@leadERvet.com

Website: www.leadERvet.com

INVOICE

1006193

DATE:

12-29-2025

PATIENT:

Lucy

CLINICAL #:

892293

DESCRIPTION	QTY	DISC.(%)	DISC.(\$)	TOTAL
SPECIALIST RECHECK	1	100	\$85.00	\$0.00
CIPROFLOXACIN 500MG (Per tab)	14			\$20.90

PAYMENT TERMS:

Payment in full is expected upon completion of treatment.
Administration fees and collection fees will be applied to
overdue accounts.

****Note**** Your ER visit within 24 hours of discharge is at no
cost. If you have any concerns about your pet once
discharged from the hospital please be aware you should
bring them back in. _____

Subtotal	\$20.90
Inc. TAX	\$0.00
Total	\$20.90
Paid	\$20.90
Due	\$0.00