

REQUEST FOR REIMBURSEMENT

Regional Club: _____

Club Treasurer: _____ **Address:** _____

City: _____ **State:** _____ **Zip** _____ **Phone:** _____

Rescue Chair: _____ **Signature:** _____

Phone: _____

DOG INFORMATION:

Name: _____ **Male/Female?** _____ **Colored/White?** _____ **Age:** _____

From where was the dog rescued? Pound/shelter _____ **Stray** _____ **Owner Turn In** _____

Request For Financial Reimbursement:

Pound/Shelter Fees \$ _____

Office Visit/Physical Exam \$ _____

Vaccinations \$ _____

Fecal/Worming \$ _____

Heartworm Test/Preventative \$ _____

Heartworm Treatment \$ _____

Pre-Surgical/Lab Tests \$ _____

Spay/Neuter/Dental \$ _____

Medication(Antibiotics) \$ _____

Medicated Bath/Dip \$ _____

Tattoo/Microchip \$ _____

Euthanasia \$ _____

Total Requested \$ _____

Adoption Fee received for above dog \$ _____

Remember to include copies of all invoices you are submitting for reimbursement

Remit to:
Glenna Wright
2100 Hwy 70 E

Glenwood, AR 71943