



Guide Dogs for the Blind

Veterinary Expense Reimbursement Request Form

Name _____
Address _____
City/State/Zip _____
Dog Name and GDB ID _____
Current Status **PRP** _____
Date of Birth _____

Make checks payable to _____
Mailing Address _____
Phone _____
Email _____

Treatment Date: _____ Amount requested: _____

Authorization number (if needed): _____

Please submit reimbursement forms within 30 days of the date on the invoice. GDB will not reimburse receipts older than 90 days. Invoices will generally be paid within 30 days of the date received in the mail.

Guide Dogs for the Blind is a non-profit organization supported entirely by private donations. Discounted and/or donated veterinary services are greatly appreciated. Thank you for providing quality care for the dogs!

Return this form and the invoice to:

Mail: Guide Dogs for the Blind
Attn: Accounting Department
P.O. Box 151200
San Rafael, CA 94915-1200
Email: vetbill@guidedogs.com
Fax: 415-226-0553

For more information, please visit guidedogs.com/client-programs/veterinary-financial-assistance-program.
For questions, please call the Veterinary Financial Assistance department at 800-295-4050, then option 2, and option 2 again, or email vetsupport@guidedogs.com.

(800) 295-4050 | guidedogs.com

National Headquarters: P.O. Box 151200, San Rafael, CA 94915-1200
California Campus: 350 Los Ranchitos Road, San Rafael, CA 94903 | (415) 499-4000
Oregon Campus: 32901 SE Kelso Road, Boring, OR 97009 | (503) 668-2100