**Veterinary Expense Reimbursement Request Form**

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| In the USA:  Mail Request with  detailed invoice/receipt to:  Guide Dogs for the Blind  Attn: Accounting Dept.  P O Box 151200  San Rafael, CA 94915-1200 | **In Canada:**  Fax Request with  detailed invoice/receipt to:  Attn: Accounting Dept.  415 499-4035 | **Name:**  **Address:**  **City/State/Zip:**  **Dog Name and Tattoo:**  **Current Status:**  **Date of Birth:**  **Accounting Code:** **(for accounting use only)** |

Guide Dogs for the Blind is a nonprofit organization supported entirely by private donations.

Discounted and/or donated veterinary services are greatly appreciated.

**Name of Clinic/Person to be Paid:** Treatment Date: Invoice #:

Name: Total Charges: $

Address: **Less Discount/Donation**: $

City: State: Zip: Total Reimbursement Request: $

Phone: Donation Made By:

E-mail: Authorization # (if needed):

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| ***Reason for visit:*** |
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Please submit reimbursement within 30 days of the date on the invoice/ receipt. GDB will not reimburse receipts older than 90 days.

If you have questions regarding what procedures and products GDB will reimburse, see one of the following Websites prior to submitting your request:

* **Graduates:** [www.guidedogs.com/vet](http://www.guidedogs.com/vet)
* **Puppy Raisers:** first login, then[www.guidedogs.com/forms](http://www.guidedogs.com/forms) Vet Forms> Vet Care Reimbursement Guidelines

Questions? Call the Support Center at (800) 295-4050.

**Thank you for providing quality care for the dogs!**