

GDA VETERINARY REIMBURSEMENT FORM

Name : _____

Date : _____

Address : _____

Phone : _____

Fax : _____

Dog's Name : _____

ID # : _____

DOB : _____

Breed : _____

Spayed / Neutered

Date dog was seen by Veterinarian : _____

Name of Veterinarian or Hospital : _____

Phone number of Veterinarian or Hospital : _____

Reason dog was seen by Veterinarian : _____

Has the dog been seen for the above reason before : Yes / No

HAVE YOU ENCLOSED THE FOLLOWING ?

_____ Completed reimbursement form

_____ Veterinarian invoice

_____ Veterinarian records (copy of records Vet. writes on)

STAFF USE

Are Vet. records enclosed with reimbursement ? Yes / No

Was reimbursement sent to administration ? Yes / No Date sent : _____

Was reimbursement sent to individual ? Yes Date sent : _____

No Reason for not being sent : _____

Processed by : _____

*Send to : Guide Dogs of America c/o Sarah Hamilton, 13445 Glenoaks Blvd. Sylmar, CA 91342

Or fax to : (818) 833-6472

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