

Volunteers -- Note: Attach all receipts to form.

Dog's Call Name: _____

Rescue #: _____

RESCUE EXPENSE REIMBURSEMENT FORM

Medical Expenses (complete applicable items):

- 1. Wellness exam:\$ _____
- 2. Heartworm test:\$ _____
- 3. Fecal test/treatment:\$ _____
- 4. Vaccinations: Distemper +\$ _____
- 5. Vaccinations: Rabies.....\$ _____
- 6. Bordatella (Kennel cough):\$ _____
- 7. Altering: (check one) Neuter or\$ _____
 Spay\$ _____
- 8. Microchip implant:\$ _____
- 9. Dental—approved by: _____
 (a) cleaning:\$ _____
 (b) extractions: ___ teeth @ \$___/tooth\$ _____

10. Medications (provide detail/explanation):.....\$ _____

11. Other approved expenses (itemize):

_____\$ _____
_____\$ _____
_____\$ _____

Supplies Expense

_____\$ _____
_____\$ _____
_____\$ _____
_____\$ _____

Total reimbursement due: \$ _____

Signed: _____ **Date:** _____

Name: (Printed) _____

Address: _____

City/State/Zip code: _____

Telephones (at least one): Home _____ Work _____

E-mail: _____

Date Pd _____

Check No _____