



Guide Dogs for the Blind

Veterinary Expense Reimbursement Request Form

In the USA: <i>Mail Request with detailed invoice/receipt to:</i> Guide Dogs for the Blind Attn: Accounting Dept. P O Box 151200 San Rafael, CA 94915-1200	In Canada: <i>Fax Request with detailed invoice/receipt to:</i> Attn: Accounting Dept. 415-226-0553	Name: Address: City/State/Zip: Dog Name and GDB ID: Current Status: PRP Date of Birth: Accounting Code: 5315 1-2-490
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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: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____	Total Charges: \$ _____ Less Discount/Donation: \$ _____ Total Reimbursement Request: \$ _____ Donation Made By: _____ Auth. #: _____

Reason for Visit: _____

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
- Puppy Raisers: First login, then www.guidedogs.com/forms Vet Forms> Vet Care Reimbursement Guidelines

Questions? Please call the Support Center at 1-800-295-4050.

Thank you for providing quality care for the dogs!