

## **Veterinary Expense Reimbursement Request Form**

Name Address City/State/Zip Dog Name and GDB ID		
Current Status		
Date of Birth		
Make checks payable to		
Mailing Address		
Phone		
Email		
Treatment Date:	Amount requested:	
Authorization number (if n	eded):	

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/clientprograms/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