**Veterinary Expense Reimbursement Request Form**

Dog Name:       Dog ID#

Active guide  Retired Guide  Family Adopt  Puppy

Name of person with dog:

**Make check payable to**:

**Address**:

**Phone**:

Authorization number (if needed):

Treatment date:       Amount Requested:

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 in 30 days from date received in mail.

Guide Dogs for the Blind is a nonprofit organization supported entirely by private donations. Discounted and/or donated veterinary services are greatly appreciated. Thank you for providing quality care for the dogs!

**Mail this form with the invoice to:**

Guide Dogs for the Blind

Attn: Accounting Dept.

P O Box 151200

San Rafael, CA 94915-1200

Or fax: 415-226-0553

**For more info, please visit guidedogs.com/vet.**

**For questions, please call the support center at 800.295.4050.**