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| **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 needed): |  |
|  |
| 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! |
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| **Return this form and the invoice to:**Mail: Guide Dogs for the BlindAttn: Accounting DepartmentP.O. Box 151200San Rafael, CA 94915-1200Email: vetbill@guidedogs.comFax: 415-226-0553 |
| **For more information, please visit guidedogs.com/client-programs/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****.** |