

1. **Please use only one form per dog.** If the dog has multiple names, please file using the name that matches the attached receipts/invoices.
2. **Please complete all fields in Sections I and II.** Section I will be used to address and mail the reimbursement check.
3. **Please complete Section III as follows:**
 - Requested: If you are requesting reimbursement for this procedure, put a checkmark in the box
 - Amt You Paid: The amount you actually paid for the procedure, minus any discount you received.
4. **Sign and date the form.** Original signatures must be used for each form. Copies of signatures are not allowed.
5. **Attach legible vet receipts/invoices for all procedures checked in Section III**
 Receipts/invoices may be copies, scans (jpg or pdf) or originals. The committee may request to see the originals of copied or scanned documents.
 Handwritten receipts/invoices are not permitted. Detailed submission requirements are in the document: **Reimbursement Submission Guidelines**.
6. **Electronic submissions must be received by 20th of month following quarter end. Paper submissions must be postmarked by 15th of that month.**
7. **We prefer that you submit your reimbursement request by e-mail to DPCARescueReimb@dPCA.org**
 When submitting by e-mail please scan the documents to a PDF file. (Black&white, 150dpi recommended)
 Paper submission by US mail is also acceptable, but sending originals of documents will be entirely at your own risk.
 For current US mail address, or any questions regarding submissions, please contact DPCARescueReimb@dPCA.org

SECTION I – Details of requesting entity

Rescue Name: _____
For 501(c)(3) enter name of the organization. For non 501(c)(3) enter individual Rescuer's name or DBA name.

Address: _____

City: _____ State: _____ ZIP: _____

If the Rescue Committee has any questions on this submission please provide a name and contact information.

Contact Name: _____

Phone: (day): (____) _____ (evening) (____) _____ e-mail: _____

SECTION II – Dog's details

Dog's name					
Sex	Male	Female			
Age	yr		mo		
Color	B&T	Red	Fawn	Blue	Albino
Chip, Tattoo, etc.,					

SECTION III – Details of reimbursement request

Requested	Procedure	Amt. You Paid
<input type="checkbox"/>	Spay/Neuter	
<input type="checkbox"/>	Heartworm Testing	
<input type="checkbox"/>	Heartworm Treatment (Max \$150)	
<input type="checkbox"/>	Euthanasia	
<input type="checkbox"/>	Initial Veterinary Exam/Office Visit	
<input type="checkbox"/>	Rabies vaccination	
<input type="checkbox"/>	Blood panel / Thyroid test	
<input type="checkbox"/>	Fecal or Urinalysis	

Please assist the Rescue Committee's invoice verification process by supplying contact information for a person at the veterinarian office(s) used who can answer any questions regarding your submitted invoices.

Name:	Position:	Phone:

By submitting this form, I certify that I have (or the Doberman Rescue organization I represent has) a signed Rescue Code of Ethics on file with the DPCA, and that I have (or the Doberman Rescue organization I represent has) incurred the expenses for which reimbursement is being requested for a purebred rescue Doberman Pinscher, and that neither I nor the Doberman Rescue organization I represent will be reimbursed for the requested amounts listed above through another organization or individual, further should the DPCA wish to seek confirmation of the details of this submission I authorize the attending veterinarians to release such information upon request.

Rescuer's Signature: _____ Date: _____