

Canine Assistants Request for Veterinary Care Reimbursement

Name: _____

Dog's Name: _____

Address: _____

Phone: _____

E-Mail: _____

Date: _____

Total Amount: _____

This form must be accompanied by the following in order for your request to be processed.

- Pre-approval from the Canine Assistants vet clinic for goods and services costing over \$100.
- Itemized receipt or invoice.
- Your dogs current vaccine history and weight on file.
- Completed and approved Financial Aid forms on file.

This form may also be used for dog food reimbursement.

**3160 Francis Road; Milton, Georgia 30004
Phone: 800-771-7221 x210
Fax: 770-664-7820**