

GDA VETERINARY REIMBURSEMENT FORM

Name : _____

Date : _____

Address : _____

Phone : _____

Fax : _____

Dog's Name : _____

ID # : _____

DOB : _____ Breed : _____

Spayed Neutered Neither

Name of GDA Employee that authorized this Vet visit: _____

Date dog was seen by Veterinarian : _____

Name of Veterinarian or Hospital : _____

Phone number of Veterinarian or Hospital : _____

Reason dog was seen by Veterinarian : _____

Has the dog been seen for the above reason before : Yes No

HAVE YOU ENCLOSED THE FOLLOWING ?

- Completed reimbursement form
- Veterinarian invoice
- Veterinarian records (copy of records Vet. writes on)

STAFF USE

Are Vet. records enclosed with reimbursement ? Yes No

Was reimbursement sent to administration ? Yes No Date sent : _____

Was reimbursement sent to individual ? Yes Date sent : _____

No Reason for not being sent : _____

Processed by : _____