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
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Fax: 770-664-7820