

(Rev 2/21/2006)

Mail to Rusty LaFrance, 8524 Maggie Ave., Las Vegas, NV 89143-1326

AIREDALE RESCUE VOUCHER			VOUCHER #		
RESCUE GROUP (IF ANY)					
VOLUNTEER SUBMITTING VOUCHER			DATE		
ADDRESS					
CITY			DOG'S NAME		DOG'S AGE
STATE	ZIP CODE		(Please attach photograph)		DOG'S SEX
I certify that all Guidelines & Policies of the ATCA Rescue & Adoption Committee have been followed for this dog. Initial:			HAVE YOU REQUESTED REIMBURSEMENT FOR THIS DOG BEFORE?		
ITEMIZED COSTS FOR WHICH YOU ARE REQUESTING REIMBURSEMENT					
ROUTINE VETERINARY CARE					
◆ Charge for Office Exam/Visit	\$		ADDITIONAL VETERINARY CARE		
◆ Immunizations			◆ Surgeries other than spay/neuter		\$
• Rabies	\$		◆ X-rays, ultrasound		\$
• DHLPP	\$		◆ Lab work (blood, histopathology, etc.)		\$
• Bordatella	\$		◆ Treatment for Heartworm		\$
• Other	\$		◆ Other (please specify)		\$
Total Immunizations	\$				\$
					\$
◆ Heartworm Test	\$			Subtotal	\$
◆ Fecal Test	\$		MISCELLANEOUS		
◆ Spaying/Neutering	\$		◆ Shelter Fee		\$
Total Basic Vet Care	\$		◆ Boarding (____ days @ \$_____ per day)		\$
			◆ Grooming		\$
◆ Medication			◆ Other (please specify)		\$
• Heartworm Preventative	\$				
• Worming Medication	\$			Subtotal	\$
• Antibiotics	\$		MINUS		
• Other	\$		◆ Adoption Fee*		\$
Total Medications	\$		◆ Special Donations Received*		\$
			◆ Vet discounts not reflected in above amounts		\$
Microchip (Implant & Registration)	\$		TOTAL REQUEST FOR REIMBURSEMENT		
					\$

If accompanied by numerous receipts, please number the receipts and use matching number on voucher.

*DO NOT ENCLOSE CHECKS FOR FEES AND DONATIONS. DEDUCT THEM FROM THE AMOUNT YOU ARE REQUESTING.

*ATTACH **COPIES** OF ALL RECEIPTS – BE SURE YOU KEEP ORIGINALS/COPIES FOR YOUR RECORDS.

NOT INTENDED FOR E-MAIL USE - FOR COPY PURPOSES ONLY

CHECK No.	AMOUNT	DATE
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(For Treasurer's Use Only)