

Doberman Pinscher Club of America

DPCA Rescue Committee

Veterinary Expense Reimbursement Form

v4.0 2020

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
 - Amt Requested: The lower of the 'DPCA max' column and the 'Amt You Paid' column
 - On completion, please total the columns 'Amt You Paid' and 'Amt Requested'
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. Each receipt/invoice must be legible and clearly show all of the following:
 - Verifiable identity of the veterinary practice performing procedure, including name, address and phone #
 - Invoice must be in the rescue group name or in the name of the DPCA member signatory below.
 - Name of dog
 - Breed of dog (if missing from invoice, verification statement must be signed by treating veterinarian)
 - Date of procedure – which must fall within quarter for which you are filing
 - Procedure name
 - Amount charged
6. Electronic submissions must be received by 20th of month following quarter end.
Paper submissions must be postmarked by 15th of month following quarter end.
(Jan-Mar: due by Apr 15 or 20; Apr-Jun: due by Jul 15 or 20; July-Sep: due by Oct 15 or 20; Oct-Dec: due by Jan 15 or 20)
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 – Details of purebred rescued Doberman Pinscher

Dog's Name: _____

Sex: ____ Age: _____ Color: _____ Tattoo, Microchip or AKC #: _____

SECTION III – Details of reimbursement request

Requested	Procedure	DPCA Max	Amt. You Paid	Amt. Requested
<input type="checkbox"/>	Spay/Neuter	\$90.00		
<input type="checkbox"/>	Heartworm Testing	\$30.00		
<input type="checkbox"/>	Heartworm Treatment	\$150.00		
<input type="checkbox"/>	Euthanasia	\$50.00		
<input type="checkbox"/>	Initial Veterinary Exam/Office Visit	\$25.00		
<input type="checkbox"/>	Rabies vaccination	\$15.00		
<input type="checkbox"/>	Blood panel / Thyroid test	\$50.00		
<input type="checkbox"/>	Fecal or Urinalysis	\$15.00		
	Total			

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: _____