GPCA RESCUE REIMBURSEMENT FORM

Rescue Group, if any: ____________________________________________________________

Treasurer ____________________ Address ___________________________________________

City __________________ State _____ Zip ______ Phone ____________________________

Rescue Chair __________________ Signature _______________________________________

DOG INFORMATION:

Name _______________ Male/Female? ______ Colored/White? ______ Age _____

From where was the dog rescued?  Pound/shelter _____ Stray _____ Owner turn in _____

Request for Financial Reimbursement:

Pound/Shelter Fees: $ __________

Office Visit/Physical Exam: $ __________

Vaccinations $ __________

Fecal/Worming $ __________

Heartworm Test/Preventative $ __________

Heartworm Treatment $ __________

Pre-Surgical/Lab Tests $ __________

Spay/Neuter/Dental $ __________

Medication (Antibiotics) $ __________

Medicated Bath/Dip $ __________

Tattoo/Microchip $ __________

Surgery $ __________

Euthanasia $ __________

Total Requested $ __________

Remember to include copies of all invoices you are submitting for reimbursement

Remit to:

Note: To be eligible for GPCA rescue funding, the rescuer must adhere to the GPCA Rescue Guidelines and will not place dogs in another state/area without contacting the GPCA affiliated club, associated rescue organization or member representative in that state/area.
Request for Usage of 501(c)(3)

Donation of Goods or Services
For Non-Profit 501(c)(3) Great Pyrenees Club of America Rescue

Name ___________________________________________ Date ________________

Contact Name if not the same ___________________________________________

Address ____________________________________________________________

City ___________________________ State _________________ Zip ____________

Phone __________________________ Email address _________________________

Value of Services or Materials Donated: __________________

Explanation of Services or Materials Donated:

Signature: _____________________________________________________________

After reviewing this request you will be sent a letter giving you the approval for using the 501(c)(3) for a donation for your records.