

VET REPORT AND REQUEST FOR REIMBURSEMENT

BROOD is happy to pay your veterinary expenses. Please print and fill out the following form. Attach it to your vet bill/records along with the **“Authorization for Care” email you will receive.**

NOTE: You will be responsible for any expenses incurred without prior approval or attached email authorization.

Send to:

Diane Morgan
15213 Clear Spring Road
Williamsport MD 21795

Person contacted to authorize this Veterinary Visit* _____

Date and time of approval _____

***Attach authorization email.**

Dog's Name _____

Foster Name _____ Phone _____

Address _____

City _____ State: _____ Zip code _____

Email _____

Date of Visit _____

Veterinarian Name _____ Phone _____

Address _____

City _____ State: _____ Zip code: _____

TOTAL AMOUNT OWED _____

Amount Paid by You (no reimbursement required) _____

Amount Paid by You (reimbursement required) _____

Amount owed to Vet (Vet will bill BROOD directly) _____

Reason for visit (check all that apply):

Exam _____ Recheck Exam _____

CoreVaccination _____

Please be specific! (DAPP-L, Puppy, etc.)

Rabies _____ Rabies tag # _____

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***ATTACH authorization email ***