

BROOD is happy to pay your veterinary expenses. If you have questions about reimbursement please email [treasurer@brood-va.org](mailto:treasurer@brood-va.org). 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 this form to:

**BROOD, Inc.**  
**c/o Melinda Brown**  
**3445 Seminole Trail, Box 248**  
**Charlottesville VA 22911**

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 \_\_\_\_\_

Core Vaccination \_\_\_\_\_ Please be specific! (DAPP-L, D-P, Puppy, etc.)

Rabies \_\_\_\_\_ Rabies tag # \_\_\_\_\_

Lyme vaccine \_\_\_\_\_ Kennel Cough \_\_\_\_\_

Lab test:

CBC \_\_\_\_\_ Chem. Profile \_\_\_\_\_ Pre-Op Profile \_\_\_\_\_

Stool \_\_\_\_\_ Urinalysis \_\_\_\_\_ Heartworm \_\_\_\_\_ Other \_\_\_\_\_

X-rays \_\_\_\_\_ Ultrasound \_\_\_\_\_

Spay/Neuter \_\_\_\_\_ Dental \_\_\_\_\_

Glaucoma or other eye check \_\_\_\_\_

Seizure \_\_\_\_\_ Bloat \_\_\_\_\_

Lump/cyst removal \_\_\_\_\_ Result \_\_\_\_\_

Orthopedic problem \_\_\_\_\_

Ear infection/cleaning \_\_\_\_\_

Wound/Injury/Abscess \_\_\_\_\_

Other: \_\_\_\_\_

Medication prescribed \_\_\_\_\_

General remarks (Use other side if necessary):