

(Revised 4-25-16)



WSPCA RETIRED POLICE DOG FUND

REIMBURSEMENT FORM

A completed registration form must be sent to the WSPCA Retired Police Dog Fund Committee to be eligible for reimbursement of non-routine medical care. See the WSPCA Bylaws for eligibility requirements.

HANDLER'S NAME _____

HANDLER'S ADDRESS _____

HANDLER'S PHONE # _____

K9'S NAME _____

NAME OF VETERINARY HOSPITAL _____

TREATMENT K9 RECEIVED _____

DATE(S) OF TREATMENT _____

TOTAL COST _____

Please attach **ORIGINAL COPY** of bill to this form and send it to the address listed below.

Send to: WSPCA Retired Police Dog Fund
4227 South Meridian
PMB-118
Puyallup, WA 98373