

United States War Dogs Association, Inc.

RAINBOW BRIDGE ASSISTANCE PROGRAM REIMBURSEMENT FORM

NAME: _____ DATE SUBMITTED _____

ADDRESS _____

PHONE: _____ EMAIL ADDRESS: _____

DOGS NAME: _____ TATTOO/ID: _____

VETERINARIAN NAME _____ PHONE NO: _____ DATE FO SERVICE: _____

CREMATORIAN'S NAME: _____ PHONE NO: _____ DATE OF SERVICE: _____

In office euthanasia services Charged.....\$ _____

Up to \$100.00

Cremations Services Charged.....\$ _____

Up to \$250.00

TOTAL \$ _____

Reimbursement Amount.....\$ _____

Please mail this reimbursement form along with receipts to:

Ron Aiello:

U S War Dogs Association, Inc. 1313 Mt. Holly Road, Burlington, New Jersey 08016
Landline & Fax # 609-747-9340 - Mobile # 609-234-4539. email: ronaiello@uswardogs.org