



# United States War Dogs Association, Inc.

## EMERGENCY MEDICAL ASSISTANCE PROGRAM REIMBURSEMENT FORM

NAME: \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DOGS NAME: \_\_\_\_\_ TATTOO/ID: \_\_\_\_\_

VETERINARIAN NAME \_\_\_\_\_ PHONE NO: \_\_\_\_\_ DATE FO SERVICE: \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE & Zip CODE \_\_\_\_\_

**Remember this program is for Emergency Medical Care - This is not for routine office visits**

In office Medical Services Charged..... \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Reimbursement Amount: To be fill out by: USWDA..... \$ \_\_\_\_\_

I certify that the above information to be true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and mail this reimbursement form along with receipts to:

Ron Aiello:

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