

## **American Ferret Association, Inc.**

PO Box 554, Frederick, MD 21705-0554 1-888-FERRET-1 <u>afa@ferret.org</u> www.ferret.org

## **AFA Shelter/Rescue Fund Reimbursement Request**

Please complete this form, include all supporting documents, and return to the AFA for reimbursement. This form and supporting documentation can be mailed to the AFA at the above address or it can be emailed to AFA's Office Manager, at <a href="mailto:jbferretz@gmail.com">jbferretz@gmail.com</a>. Once received and all information has been verified, reimbursements will be sent within 30 days, depending on the availability of funds.

Shelter Name:		Vet Name:			
Shelter Contact:		Vet Hospital/Clinic:	Vet Hospital/Clinic:		
Street Address:		Vet Phone/Email:			
City/State/Zip		Explain reason for			
Phone/Cell Phone:		reimbursement:			
Shelter Ema	ail:				
Procedure Date	Ferret Name / ID	Procedure(s)	Vet Cost	Requested Amount	
Please check	call supporting documentation att	ached w/this submittal:			
☐ Proof she☐ Copy of ir	Iter* historically and regularly test nvoice from your veterinarian for a	cinates for distemper and rabies (distemper titers s all intakes for ADV all procedures requesting reimbursement hat will be involved with the care of the rescued feat.			
adoption of the	hese ferrets to offset expenses in	ove request are true. I have taken into account a volved with this rescue. I also understand that the monies disbursed herein being returned to the AF	e misrepreser	ntation of	
Chaltar Carat	a atla Cimp atura	\$ Total Amount Requested for Re	inala una a ma = == t		
Shelter Cont	act's Signature	i otal Amount Requested for Re	iribursement		
Reimbursem	ent Approval: AFA Representativ	<u> </u>			