



Reimbursement Grant Request Form

Rescue Group Name: _____

Rescue Group Address: _____

Telephone Number: _____ E Mail: _____

Number of Dobermans Taken in from Ohio/Eis Seizure: _____

Current Total Expenses:

(Please attach itemized receipts and documentation)

- Veterinary Bills: \$ _____
 - Medications: \$ _____
 - Supplies (food, bedding, crates, etc.): \$ _____
 - Other (please specify): \$ _____
- Total: \$** _____

Estimated Ongoing Expenses:

☐ Continued Veterinary Care: \$ _____

- Medications: \$ _____
 - Rehabilitation/Training: \$ _____
 - Foster or Boarding Support: \$ _____
- Estimated Monthly Total: \$** _____

What are your organization's current adoption fees: _____

Additional Support Requested:

Do you require assistance with training or rehabilitation services?

☐ Yes

☐ No

If yes, please briefly describe the needs: _____

Attachments (required):

☐ Completed W-9 Form

☐ Copies of Shelter Pull Documentation

Submitted By: _____ **Date:** _____

Print Name:

Please return completed application/documentation in pdf format to:

DPCARescue@DPCA.Org

If you have questions, please call Pam Gray 786-259-3386. Your organization must be a current 501c3 in order to be eligible.