

WAARF

REIMBURSEMENT APPLICATION

Name of Organization: _____

Address: _____

Phone: _____

Are you a 501c3? _____ **Yes** _____ **No**

EIN NUMBER _____

Are you a law enforcement agency? _____ **YES** _____ **No**

Explain how you came to be in possession of the abused/neglected animal and the species of animal.

What is the total cost of medical care? _____

Please attach a copy of receipts from veterinary practice who performed the care.

Only humane agents registered with Department of Agriculture in Washington County, 501c3 rescues or law enforcement agencies located in Washington County are eligible for reimbursement of medical costs exceeding \$500/single abused or neglected animal or a canine requiring medical treatment in excess of \$500 employed by law enforcement agency in Washington County.