



American Ferret Association, Inc.

PMB 255, 626-C Admiral Drive, Annapolis, MD 21401
1-888-FERRET-1 afa@ferret.org www.ferret.org

DMK Rescue Spay/Neuter Fund Reimbursement Request

Shelter Name: _____
 Shelter Contact: _____
 Street Address: _____
 City/State/Zip _____
 Phone/Cell Phone: _____
 Shelter Website: _____
 Shelter Email: _____
 Vet Name: _____
 Vet Hospital/Clinic: _____

Spays / Neuters				
Procedure Date	Ferret Name / ID	Jill (✓)	Hob (✓)	Vet Cost (\$)

No. of reimbursements requested with this submittal:

_____ jills @ \$40/jill = \$ _____
 _____ hobs @ \$25/hob = \$ _____
 Total \$ _____

Please check all supporting documentation attached w/this submittal:

- ADV test results (copy of 3 or 4 ADV results dated between the last 3 to 6 months -- Blue Cross or Avecon saliva ONLY)
- Proof of current negative ADV test
- Proof of current single rabies vaccination
- Proof of current single canine distemper vaccination
- Copy of spay/neuter invoice from your veterinarian

I hereby declare that the facts stated in the above request are true. I also understand that the misrepresentation of information on this application will result in all monies disbursed herein being returned to the AFA within 3 business days.

Shelter Contact's Signature: _____

Total Amount Requested for Reimbursement: \$ _____

Reimbursement Approval:

Penny Hendrix, President