



# American Ferret Association, Inc.

PO Box 554, Frederick, MD 21705-0554  
1-888-FERRET-1 [afa@ferret.org](mailto:afa@ferret.org) [www.ferret.org](http://www.ferret.org)

## AFA 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:

\_\_\_\_\_  
AFA President