

Circle of Compassion Medical Assistance Request Form

NOTICE: For emergency situations, please call: 888.842.4404, so that we can expedite your request.

_____ Date

Name of Organization 501(c)3 Tax ID Number

Full Address

Contact Person Position Telephone number

Pet Name of Greyhound Date Received into Adoption Program

Age Color Gender

Describe the type of injury or medical condition that requires veterinary care:

Estimated Cost Amount of Funding Requested

- Check One: () Funding to be sent to group as a reimbursement
 () Funding to be sent as direct payment to veterinary clinic

Signature of Applicant

Date

Name of Veterinary Clinic

Name of Veterinarian

Telephone Number

Full Address of Veterinarian Clinic

If the veterinary services for this greyhound have already been performed, please attach a copy of veterinary invoice with your completed request form and mail to:

Sheila Havens
567 Herbert Lane
Brick NJ 08724

Or fax information to: 732.458.2130

Thank you for your hard work and dedication. We look forward to assisting you in your efforts to save the lives of these very special dogs.

The Circle of Compassion Review Board,

Susan Netboy, Sheila Havens, Karen Mitchell

Please submit other questions to Sheila at: greyaspets@comcast.net

or call her at: 732 458 9180

Emergency contact number: 888 842 4404