



DCAF Rescue Reimbursement Application Form for Approved Rescue Organizations

You may apply for reimbursement for up to \$500 per hearing pure-bred Dalmatian you rescue, with a limit of \$2500 in a calendar year. Clubs may submit for more expenses, but those require board approval and are not guaranteed. Approved expenses we help cover are listed below.

DCAF will not reimburse expenses for Dalmatians purchased at auction, for bilaterally deaf Dalmatians, or for ongoing behavioral therapy/training.

Name of Rescue Group: _____

Contact Person: _____

Address: _____

Phone: _____ Email address: _____

of Pure-Bred Hearing Dalmatians in this request _____

Expense Category	\$ Amount	# of Dalmatians
Fees for pulling the dog(s) from the shelter.		
Spay/Neuter		
Diagnostic Tests		
Dental Work		
Prescription Medication		
Heartworm/Flea/Tick Prevention		
Surgery		
Vaccinations		
Euthanasia		
Holistic Medicine (acupuncture/hydrotherapy)		
Behavioral Health Evaluation		

Total Reimbursement requested (not to exceed \$500 per hearing pure-bred Dalmatian). \$ _____

1) [Attach receipts for all requested reimbursements.](#)

2) [Attach a photo of each dog.](#)

I certify that the information provided herein is accurate to the best of my knowledge and that I have the authority to make this application on behalf of our rescue organization. I further certify that our organization continues to follow the DCAF/DCA rescue guidelines.

Name and Title _____

Name of Rescue Group _____

Date Submitted _____

Please send to: Cindy Bowman, DCARE Chairperson, 958 Barker Lane, Martinsville, IN 46151. dcare@dcaf.org

If you have questions, call Cindy Bowman at 765-318-2915.