



## **California Veterinary Medical Foundation (CVMF) Disaster Reimbursement Guidelines and Application**

The CVMF provides reimbursement grants for out-of-pocket emergency medical care and expenses to veterinarians for animals injured or displaced by disasters. All requests must be directly related to the disaster.

The CVMF welcomes requests for reimbursements from veterinarians or veterinary hospitals for the recent wildfires. Funds will not be available to anyone who has already been reimbursed by another source. The foundation does not reimburse clients.

All reimbursement grant requests received by the CVMF are reviewed by the reimbursement committee. Due to limited funds, there may be a cap on the amount of funds distributed.

### **Disaster Reimbursement Criteria:**

To be eligible, you must have provided veterinary medical care or boarding for animal victims of the recent wildfires.

#### **1. Expenses Covered**

- Medical supplies (actual costs only, no mark-up) - bandages, pharmaceuticals, injections, anesthetic, etc.
- Hospitalization - 1/2 cost
- Boarding costs @ \$15.00/day

#### **2. Expenses Not Covered (unless special circumstances approved by the CVMF Board)**

- Veterinarian and staff time not compensated
- Surgery Time

Forms can be submitted by mail, fax (916.646.9156), or email [staff@cvmf.net](mailto:staff@cvmf.net).

Grant requests must be received no later than nine (9) months following the disaster. Please direct any questions to Debbie Cary, CVMF Coordinator, [dcary@cvma.net](mailto:dcary@cvma.net) or 800.655.2862.



## CVMF GRANT REQUEST FOR 2018 CALIFORNIA WILDFIRES

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax ID or social security # (if applicable): \_\_\_\_\_

Total amount requested: \$\_\_\_\_\_. The CVMF reimbursements are for veterinarians or veterinary hospitals for their out-of-pocket expenses. Please include a summary of the diagnosis, plan and treatment as well as an itemization of drugs and supplies and their actual cost to you. Also include backup documentation with your request. If amount requested is over \$600.00, your Tax ID# or social security number must be provided.

**Note: All requests will be taken under consideration. Due to limited funds, there may be a cap on the amount of funds distributed. Funds will not be available to anyone that has already been reimbursed by another source.**

***I certify that the statements contained herein are accurate and complete to the best of my knowledge. I declare that I have not been reimbursed for these services from another source:***

\_\_\_\_\_  
Signature



**Please complete the following information:**

**Boarding:**

<b># of animals</b>	<b>Species</b>	<b># days Boarded</b>	<b>Rate/day</b>	<b>Subtotal (cost)</b>
			\$15.00	
			\$15.00	
			\$15.00	
			\$15.00	
			\$15.00	
			\$15.00	
			\$15.00	
			\$15.00	

**Pharmaceuticals or Supplies that are covered:**

<b>Pharmaceuticals / supplies</b>	<b># items</b>	<b>Vendor Price</b>	<b>Subtotal (cost)</b>



**Treatments:**

# of animals	Species	Injuries	Pharmacy Items	Surgical Treatments