

## **AMPS Reimbursement Form**

This form can only be filled in by an AMPS Volunteer. If you are not an AMPS Volunteer and you have picked up a dog, please call the AMPS Hotline at 1-888-805AMPS (2677) or contact the AMPS Regional Coordinator nearest to you.

Dog's Name \_\_\_\_\_

Amps Tag Number \_\_\_\_\_

Amount To Be Reimbursed \_\_\_\_\_

### **COPIES OF VET - SHELTER BILLS MUST ACCOMPANY THIS FORM**

Volunteer's name \_\_\_\_\_

Volunteer print name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number \_\_\_\_\_

### **PRINT AND SEND A COPY OF THIS COMPLETED FORM, TOGETHER WITH COPIES OF VET-SHELTER BILLS TO:**

Email both: mhryck@yahoo.com and inga.amps@gmail.com

If you prefer to snail-mail this form and all copies of bills to:

All Miniature Pinscher Service Inc.  
PO Box 585  
Johnson City, NY 13790

**This Form Must Be Submitted Within 30 Days Of The Treatment Or Expense.**