

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 1-888-805-AMPS (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 FAX A COPY OF THIS COMPLETED FORM, TOGETHER WITH COPIES OF VET-SHELTER BILLS TO:

FAX: 1-888-805-2677

Email: nat@allminpinrescue.com

If You Prefer To Snail-Mail Mail this Form And all Copies Of Bills to:

Nat Salerno, Treasurer
All Miniature Pinscher Service Inc.
P.O. Box 253
East Andover, NH 03231

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

All Miniature Pinscher Service Inc.
P.O. Box 253 East Andover, NH 03231
A Non Profit Corporation