



**True Heart Pinscher Rescue, Inc.**

Foster Request for Reimbursement of Rescue  
Pre-Approved or Bona-Fide Emergency\* Veterinary Care

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

THPR Representative Who Pre-Approved Care: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

THPR Tag Number: \_\_\_\_\_

Procedure Performed:

Amount Paid/Amount to be Reimbursed: \$: \_\_\_\_\_

Please forward a copy of this form and your receipt to your True Heart Pinscher Rescue State Coordinator, or send to one of the below email addresses for reimbursement:

**Kari Stringer**  
Rescue Coordinator  
[trueheartrescue@gmail.com](mailto:trueheartrescue@gmail.com)

**Cheryl Higdon**  
Rescue Founder  
[trueheartminpin@aol.com](mailto:trueheartminpin@aol.com)

(\* If this care was a bona-fide emergency, contact your State Coordinator RIGHT away.)