



## FHN Beyond Words Therapy Dog Reimbursement Request

Name of handler	<input style="width: 95%;" type="text"/>	My dog and I have completed five visits, as follows:	
		Date	Location
Address	<input style="width: 95%; height: 50px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
		<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Phone	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Alternate phone	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Email	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

I am requesting reimbursement for the following expenses:

- National certification exam \$5
- Therapy dog training course at Carlson Canine Camp \$100 (include receipt)
- Registration (annual or initial) for national certification \$45 (include documentation)

Total reimbursement requested

Reimbursements will be processed quarterly: March/June/September/December.

### Comments

We are very interested in feedback on your experience as a part of FHN's Beyond Words Therapy Dog Program. If you could take a moment to provide your thoughts, we would appreciate it. Thank you!

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If you have questions, please contact Samantha Toay at 815-599-6752 or stoay@fhn.org.



## FHN Beyond Words Pet Therapy Reimbursement Request

Name of handler \_\_\_\_\_

My pet and I have completed five visits, as follows:

Address \_\_\_\_\_

**Date**

**Location**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting reimbursement for the following expenses:

- National certification exam \$5
- Therapy dog training course at Carlson Canine Camp \$100 (include receipt)
- Registration (annual or initial) for national certification \$45 (include documentation)

Total reimbursement requested

Reimbursements will be processed quarterly: March/June/September/December.

### Comments

We are very interested in feedback on your experience as a part of FHN's Beyond Words Pet Therapy Program. If you could take a moment to provide your thoughts, we would appreciate it. Thank you!

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If you have questions, please contact Samantha Toay at 815-599-6752 or [stoay@fhn.org](mailto:stoay@fhn.org).

