



West Virginia Racing Commission

Greyhound Adoption Program

Veterinarian Reimbursement Voucher Request

Owner Name: _____

Farm Name: _____

Mailing Address: _____

Phone Number: _____

Greyhound Name: _____

Left Ear Tattoo: _____

Right Ear Tattoo: _____

Whelp Date: _____

I am hereby requesting a veterinarian reimbursement voucher for the spay/neuter of the above named greyhound. I understand that once that voucher has been issued, that the greyhound named is no longer eligible for entry into any race in the State of West Virginia.

Signature: _____

Date: _____