

# West Virginia Racing Commission

## Greyhound Adoption Program Reimbursement Voucher



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### Owner/Breeder Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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### Greyhound Information

Name \_\_\_\_\_

Tattoos Left Ear \_\_\_\_\_ Whelped Date \_\_\_\_\_

Right Ear \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Breeder/Owner*

\_\_\_\_\_  
*Date*

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### WVRC Use Only

\_\_\_\_\_  
*Signature of WVRC Personnel*

\_\_\_\_\_  
*Date*

APPROVED pending documentation from Veterinarian