

West Virginia Racing Commission

Greyhound Adoption Program Reimbursement Voucher



Owner/Breeder Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Greyhound Information

Name _____

Tattoos Left Ear _____ Whelped Date _____

Right Ear _____

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

WVRC Use Only

Signature of WVRC Personnel

Date

APPROVED pending documentation from Veterinarian