



The Stryker K-9 Care Fund Expense Form

Your Name: _____
Dog's Name: _____
Address: _____
Phone Number: Daytime: _____ Cell: _____
Email Address: _____

Please complete and submit this expense form by March 31st.

Attached:

- Paid invoices for medical procedures, medications and/or services
- Veterinary record(s) relating to these expenses

Mail to: Saskatchewan SPCA
PO Box 37
Saskatoon, SK S7K 3K1

Photo: Please help us grow the Stryker K-9 Care Fund by supplying one or more colour photos of your dog. The photos may be used by the Saskatchewan SPCA for brochures, posters, websites, social media and other types of advertising and promotion. We welcome either print (hard) copy or a high resolution digital image (.jpg or .tiff format). Digital images may be emailed to info@sspca.ca.

- Photo(s) included with this application
- Photo(s) will be emailed

Permission for Use of Photography

I, _____ (printed name), grant to the Saskatchewan Society for the Prevention of Cruelty to Animals ("The Saskatchewan SPCA") and their legal representatives and assigns, the irrevocable right to use and publish the supplied photographs, still or moving, of _____ (dog's name), for the purposes of advertising and promotion, in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release the Saskatchewan SPCA and their legal representatives and assigns from all claims and liability relating to said photographs.

Signature _____ Date: _____

In-person promotions: Would you and your dog be willing to take part in future public events to promote the Stryker K-9 Care Fund?

- Yes No

For Office Use:	
Expense Form Received: _____	Cheque number: _____
Date Approved: _____	Date of cheque: _____
Awaiting receipt of:	<input type="checkbox"/> Paid invoices for services
	<input type="checkbox"/> Veterinary record(s)
Photos:	<input type="checkbox"/> File name:
Promotions:	