



Recover At Home

Training Reimbursement Request

Horse Name: _____

Mailing Address: _____

Date Adopted: _____

Date last update Form Submitted: _____

Did your veterinarian clear the horse for training on the last vet form submitted (circle or check one)?

Yes

No

Type of Training Obtained (circle one or more)?

Lessons x _____

Full training

Clinic

Other (please specify)

Date(s) of above training:

Trainer/Event name:

Amount Requested: _____

Before signing, make sure you have all attachments prepared and email PDFs to info@aftertheraces.org OR mail copies to After the Races, 3168 Telegraph Rd, Elkton, MD, 21921 **Checks will be mailed to mailing address listed at the top of this form.**

Attachments required:

1. Training Stipend Request Form
2. Copies of paid receipts/invoices for each training session listed above included in the reimbursement amount.
3. Copy of the last submitted vet form showing approval to return to work.

Adopter name: _____

Date: _____

Adopter signature: _____