BCTF Kids Matter Teachers Care

ANIMAL BOARDING AND CARE EXPENSE CLAIM FORM

SECTION 1: MEMBER INFORMATION

Member name _____ _____
Last name *First name*

Member ID (6 digits) _____

E-mail _____

SECTION 2: ANIMAL INFORMATION

Pet name	Type of animal	Type of care required
		☐ Day care ☐ Overnight boarding
		☐ Day care ☐ Overnight boarding
		☐ Day care ☐ Overnight boarding
		☐ Day care ☐ Overnight boarding

SECTION 3: BOARDING AND CARE PROVIDER INFORMATION

Provider Name/Facility: _____

Address: _____

E-mail: _____ Phone: _____

Day(s) and hours of care:

Date	Number of hours	X	Rate ($/hr)	=	Amount charged (max. $55/day)
Example: April 30, 2026 May 1, 2026	11:30 a.m. – 1:30 p.m. = 2 hours 12:30 p.m. – 1:45 p.m. = 1.25 hours	X	$20	=	$40 $25
		X		=	
		X		=	
		X		=	

☐ I confirm that I have included a copy of the invoice for the services listed above from the provider.

☐ I certify that the claim being submitted for animal boarding/care is for additional cost borne by me and is not a result of regular or usual animal boarding/care arrangements.

☐ I certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading information may result in denial of reimbursement.

Signature: _____ **Date:** _____