



# REQUEST FOR REIMBURSEMENT

*Spay or Neuter of Animals*

*For Residents of San Clemente and Dana Point*

This program is for residents of San Clemente, Dana Point, Capistrano Beach, or Monarch Beach only. It provides reimbursement for spaying or neutering only. Other medical expenses are **not** included. This offer cannot be combined with any other offer.

Reimbursement: Cats and Rabbits, **\$40**; Dogs, **\$60**.

<b>1. To Be Completed by Pet Owner</b>	
Animal Owner:	Pet Name:
Owner Address:	
City, State Zip	Phone
Animal Owner's Signature _____	Date _____

<b>2. To Be Completed by Veterinarian</b>	
Pet Name:	Gender: <input type="checkbox"/> Male, <input type="checkbox"/> Female
Veterinarian Name:	Species: <input type="checkbox"/> RABBIT, <input type="checkbox"/> DOG, <input type="checkbox"/> CAT
Veterinarian Signature:	Veterinarian Address and Phone
I certify that on ____/____/200__ spay/neuter has been performed on this animal.	

**To obtain reimbursement:**

- The owner should complete section 1.
- Section 2 must be signed and completed by a licensed Veterinarian.
- A copy of the paid Veterinarian's invoice must be attached to this form.
- Dogs over 4 months of age must have a current rabies certificate and a San Clemente-Dana Point license. My dog's license number is #: \_\_\_\_\_
- Return this form along with a copy of your driver's license **AND** a recent utility bill showing residency in San Clemente, Dana Point, Capistrano Beach, or Monarch Beach to:  
The Pet Project Foundation, PO Box 5678, San Clemente, CA 92674-5678  
**Attn: Spay/Neuter Reimbursement**
- A check will be mailed to you.

For more information contact the Pet Project Foundation, 949-595-8899.