



PET PROJECT
FOUNDATION

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. *****Must be submitted within 90 days of spay/neuter**

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

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

2. To Be Completed by Veterinarian	
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 ____/____/20____ spay/neuter has been performed on this animal.	

To obtain reimbursement:

- The owner should complete section 1.
- Section 2 must be signed by a licensed Veterinarian **OR** attach the paid Veterinarian's invoice.
- Return this form along with a copy of you driver's license **AND** a recent utility bill showing residency in San Clemente, Dana Point, Capistrano Beach, or Monarch Beach to:
Pet Project Foundation, PO Box 5678, San Clemente, CA 92674-5678
Attn: Spay/Neuter Reimbursement
- A check will be mailed to you. **Current driver's license # _____ (Required)**

For more information, contact the Pet Project Foundation, 949-595-8899 or via info@petprojectfoundation.org.