



CITY OF PALM DESERT
 Animal Vaccination and Spay/Neuter Incentive Program
 Reimbursement Request Form

PLEASE COMPLETE THIS SECTION

Name of Individual Requesting Reimbursement: _____

Telephone Number: _____

Palm Desert Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby certify that I am a City of Palm Desert resident.

Resident's Signature: _____ Date: _____

Does your animal have a microchip? yes no

If no, would you microchip your animal if it was partially reimbursable? yes no

FOR OFFICIAL USE ONLY

PROOF OF ELIGIBILITY OF RESIDENCY

A valid identification (i.e. driver's license or state-issued ID card), documentation or receipts for the procedure (vaccinations or spay/neuter), **plus** one of the following:

- Utility bill with your City of Palm Desert address
- Property Tax Bill with your City of Palm Desert address
- Your rental or lease agreement with utility bill showing City of Palm Desert address

Type of procedure: New pet vaccinations (\$25) Routine annual pet vaccinations (\$25)

Spay/Neuter (\$50)

Type of animal: Cat Dog Other

Date Reimbursement Request Form received: _____ Received by: _____

Amount requested: \$_____ Approved Denied (Due to residency requirements)

Authorized signature to approve reimbursement: _____