

FERAL CAT SPAY/NEUTER REIMBURSEMENT APPLICATION

Complete this form and bring to a veterinarian of your choice to complete the services listed below.

Can only be used for City of Dinuba feral cats.

1. APPLICANT INFORM	1ATION	
NAME:	PHONE #	EMAIL:
Organizations Name:		
Address:		
2. Please attach the follow	ving documentation: Drivers License or va	lid form of ID, proof of Dinuba address
rabies vaccine, and Feline cat organizations will set u	Viral Rhinotracheitis, Calicivirus, Panleuko p their own spay/neuter appointments w	, ,
	ION to be supplied after s/n services along w	·
Approx Age:	Breed/Type:	□ Male □ Female
Approx Age:	Breed/Type:	□ Male □ Female
Approx Age:	Breed/Type:	□ Male □ Female
VET NAME:	PHONE #	EMAIL:
ADDRESS:		
Location of Services:		
qualify for this program. The for services rendered by out Dinuba, and its officers, emp	Undersigned acknowledges that the City of I side agencies. The undersigned hereby release loyees and volunteers, from and against any vehicles and/or equipment, or to other real of the side of the s	nat personal pets or pets of friends or family do of Dinuba supplies this voucher as a form of payme ses, indemnifies, and holds harmless the City of and all claims or liabilities for injury or damages or personal property incurred by reason of the u
PRINT NAME		
SIGNATURE		DATE:
FOR OFFICE USE		
ID provided □ YES □ NO	Receipt 🗆 YES 🗆 NO Proof of Residency	YES ONO Approved by