



## REIMBURSEMENT FOR SPAYING OR NEUTERING PETS

**PLEASE PROVIDE COPIES OF:**

**CHECK AFTER VERIFYING**

- \*\*INVOICE FOR SPAY OR NEUTER SURGERY \_\_\_\_\_
- \*\*PROOF OF CARROLL COUNTY RESIDENCY (UTILITY OR WATER OR TAX BILL) \_\_\_\_\_
- \*\*ANIMAL LICENSE \_\_\_\_\_
- \*\*RABIES VACCINATION CERTIFICATE \_\_\_\_\_
- \*\*PROOF OF PAYMENT OF ALL REAL ESTATE AND/OR PERSONAL PROPERTY TAXES \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PET'S NAME:** \_\_\_\_\_

**REIMBURSEMENT AMOUNT REQUESTED: \$** \_\_\_\_\_

**RETURN THIS FORM ALONG WITH COPIES OF THE DOCUMENTS NOTED ABOVE TO:**

**Attn: Felecia Bowman  
FINANCE OFFICE- SUITE B220  
CARROLL COUNTY GOVERNMENTAL CENTER  
605-1 PINE STREET  
HILLSVILLE, VA 24343**