



**Spay/ Neuter Application for Reimbursement**

Legal Name:			
Band Identification number <i>(Status number)</i>			
Contact Information	Phone		
	Mailing Address		
	Street Address		
	Email Address		

Payment to be made by: <i>Please check a box</i>	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Electronic Funds Transfer (EFT)
	<input type="checkbox"/>	Mailed	<input type="checkbox"/>	Picked up
	<input type="checkbox"/>	EFT Please include a blank "VOID" cheque		

Date Received:	
Received in office by:	