



STARelief and Pet Assistance
OctoPurr Adoption Reimbursement Form
Completed form may be faxed to: 1-203-883-0325
Email to care@starelf.org

If necessary, mail to STARelief and Pet Assistance, PO Box 3035, Stamford, CT 06905

Thank you very much for adopting a homeless pet. To receive reimbursement, please return a **completed** form, a copy of the adoption fee from the Stamford Animal Shelter, and a **photo** of your new best friend. **Forms and photo** can be emailed to care@starelf.org with OctoPurr in the subject line, or mailed to STARelief, PO Box 3035, Stamford, CT 06905.

Note: No form will be processed without a photo of your new pet and a signature from the Stamford Animal Shelter Manager.

Name _____

Address _____

Email Adress _____

Phone # _____

Date of Adoption _____ Name of Pet Adopted _____

Age of Pet _____ () Male () Female

Amount of reimbursement (\$) _____

How did you hear about this promotion? _____

By signing this form, you agree, under the penalty of perjury, and confirm that all information provided is the truth to the best of your knowledge.

Print Name of Applicant _____

Signature of Applicant _____ Date _____

Signature of Stamford Animal Shelter Manager _____

Thanks for Adopting from the Stamford Animal Shelter!

Heather Scutti
Executive Director
STARelief and Pet Assistance
www.starelf.org