

**City of Burbank Animal Shelter**

**REFUND REQUEST FORM**

**REFUND POLICY**

* All requests for refunds must be submitted in writing by completing the Animal Shelter Refund Request Form.
* Any refund may take up to one week after notification to be processed. After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank.
* A refund by check may take up to six (6) weeks for you to receive.
* If a veterinarian determines the animal you have adopted is not healthy or if the animal becomes sick within the first five (5) days after adoption, you may return the animal to the Shelter for an exchange. There are no refunds for adoption fees.
* Animal registrations are valid for 1 year from the initial registration or renewal date if the rabies vaccine is also valid for the same length of time. Animal registrations are not prorated. If you spay or neuter your dog after paying for an unaltered dog registration, a refund is not provided for the difference.

**Email forms to:**

* Animal Shelter: [burbankanimalshelter@burbankca.gov](mailto:burbankanimalshelter@burbankca.gov)

or

* Marissa O’Brien: [mo’brien@burbankca.gov](mailto:mobrien@burbankca.gov)

Forms can be obtained by contacting Animal Shelter Staff at (818) 238-3340 or online at [www.burbankanimalshelter.org](http://www.burbankanimalshelter.org)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the reason for the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For office use only:*** *Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*