



## “I Love My Pet” Rewards Program Application

Name of Business \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Please list the specific discount that you would like to offer:

Signature of Eligible Staff Person \_\_\_\_\_

Print Name \_\_\_\_\_

Please note that partnership in the “I Love My Pet” Rewards Program will not result in any favored treatment for the business in any pending or future governmental decisions, including procurement. Acceptance of a business into the “I Love My Pet” Rewards Program by the City will not state or imply the endorsement by the City of any products, services or entities. MACC reserves the right to accept, deny or remove businesses from participation in the “I Love My Pet” Rewards Program.

For more information:

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***For Office Use Only***

*Date Received:*

*On Website:*

*Clings Sent:*