

## Animal Desexing Reimbursement Application Form

**Purpose of Form:** This form will be used to process applications for desexing reimbursements provided by Council to approved animal owners pursuant to the [Animal Desexing Reimbursement Incentive Policy](#).

### IMPORTANT INFORMATION

- Applications without relevant Mandatory Documents attached **will not be accepted**.
- Applicants must hold a valid Queensland Government Concession or Health Care Card, or a valid DVA Veteran Card and a copy provided at the time of application.
- Applicants must be the registered owner of the relevant Animal/s\*
- Relevant animal/s must be microchipped and currently registered with Council\* (Free First Time Registration Included)
- A copy of the Veterinary Invoice/Receipt confirming the animal was desexed within sixty (60) days prior to submitting this application must be provided at time of application. The document/s must also include the total cost of the desexing procedure.
- Payments can take up to 28 days to be processed.
- The value of a desexing reimbursement is;
  - For a **cat** the value of \$50.00.
  - For a **dog** the value of \$100.00.

\*Registration does not apply to Cats within the Fraser Coast Regional Council Local Government area.

### MANDATORY DOCUMENTS CHECKLIST

<b>Concession/Health Care/Veteran Card</b> I confirm that I am the holder of a valid Queensland Government Concession or Health Care Card, or a valid DVA Veteran Card and a copy is attached to my application.	YES <input type="checkbox"/>
<b>Veterinary Receipt</b> I confirm that the animal/s was/were desexed within sixty (60) days prior to submitting this application including total cost and a copy of the Veterinary Invoice/Receipt is attached to my application.	YES <input type="checkbox"/>
<b>Registration of Animal/s</b> I confirm that I am the registered owner of the relevant animals, and they are microchipped and currently registered with Fraser Coast Regional Council.	YES <input type="checkbox"/>

### APPLICANT DETAILS / ANIMAL OWNER DETAILS (must be 18 years or over)

	<b>Name ID</b>	
Animal Owner's Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
Animal Owner's Given Name & Surname		
Animal Owner's DOB	/    /	
Email Address		
Postal Address		
Contact Phone Numbers	Mobile:	Home:      Work:

ANIMAL DETAILS #1	Animal No																					
Animal Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat																					
Animal Name																						
Date of Birth/Age																						
Microchip Number	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																					
Primary Breed																						
Primary Colour																						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																					

ANIMAL DETAILS #2	Animal No																					
Animal Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat																					
Animal Name																						
Date of Birth/Age																						
Microchip Number	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																					
Primary Breed																						
Primary Colour																						
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																					

DESEXING INFORMATION – ANIMAL #1:	
Date of procedure:	/ /
Is the date of procedure within the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, the application cannot be accepted</i>
Veterinary Clinic:	
Total cost of desexing procedure:	\$

DESEXING INFORMATION – ANIMAL #2:	
Date of procedure:	/ /
Is the date of procedure within the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, the application cannot be accepted</i>
Veterinary Clinic:	
Total cost of desexing procedure:	\$

CONCESSION/HEALTH CARE/VETERAN CARD DETAILS										
Concession Type	<input type="checkbox"/> Health Care	<input type="checkbox"/> Pension Concession	<input type="checkbox"/> Seniors Card	<input type="checkbox"/> Department of Veteran Affairs						
Customer Reference Number (CRN)										
Card Expiry Date	/	/								

REIMBURSEMENT METHOD – Payable <u>only</u> to the animal owner for this application. How would you like your refund processed?	
<input type="checkbox"/> Electronic Funds Transfer (complete below table)	<input type="checkbox"/> Cheque (cheque will be posted)

ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION (if applicable). Bank account details <u>must be</u> for the animal owner.													
Financial Institution													
Account Holder/s Name/s													
BSB				Account									
Reimbursement Type	<input type="checkbox"/> Dog - \$100.00			<input type="checkbox"/> Cat - \$50.00									

DECLARATION	
<i>I declare and verify that I am duly authorised to make this application and the statements and information provided are accurate, true, and complete. I acknowledge it is an offence to knowingly provide false or misleading information.</i>	
Animal Owner Full Name:	
Signature:	
Date of Application:	

OFFICE USE ONLY			
Declaration Completed & Signed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Owner Details Verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Concession/Health Care/Veterans Card Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Procedure Date within in the last 60 days:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Mandatory Documents Supplied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Animal Details Verified/Updated:	<input type="checkbox"/> Yes		
Date Created	/ /	CSO Initials	Application Number #