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## **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 <u>Animal Desexing Reimbursement Incentive Policy</u>.

## **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.
- 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 <u>28 days to be processed</u>.
- 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												
Concession/Health Ca I confirm that I am the Veteran Card.		YES 🗆										
Veterinary Receipt 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 🗆			
Registration of Anima I confirm that I am the with Fraser Coast Regi		YES 🗆										
APPLICANT DETAILS	18 years	s or	r over)	Oj	ffice use only	Nan	Name Id:					
Animal Owner's Title		ПМ	Mr Mrs Ms Miss									
Animal Owner's Given Name & Surname												
Animal Owner's DOB					/ /							
Email Address												
Animal Kept at Address									<del>-</del>			
Contact Phone Numb	ers	Mobile:			Hom	e:		Work:				
ANIMAL DETAILS #	1 Office use only			ANIMAL DETAILS #	2	Office use only		Animal Id:				
Animal Type	☐ Dog	☐ Cat			Animal Type	☐ Dog			☐ Cat			
Animal Name				Animal Name								
Date of Birth/Age					Date of Birth/Age							
Microchip Number					Microchip Number							
Primary Breed				Primary Breed								
Primary Colour					Primary Colour							
Gender	☐ Male	☐ Female			Gender	□ N	//ale		☐ Female			

DESEXING INFORMATION:												
Animal #1												
Date of Desexing:					/	/						
Is the date of desexing within the last 60 days?					Yes No If no, the application cannot be accepted							
Veterinary Clinic:												
Total cost of des	exing proce	edure:		\$								
Animal #2												
Date of Desexing:		/	/									
Is the date of desexing within the last 60 days?					☐ Yes ☐ No If no, the application cannot be accepted							
Veterinary Clinic:												
Total cost of des	Total cost of desexing procedure:											
CONCESSION/HEALTH CARE/VETERAN CARD DETAILS												
Concession Type	☐ Heal	th Care	Pension	Concession	☐ Se	niors Card	d	☐ Dep	partment of Veteran Affairs			
Customer Reference Number (CRN)												
Card Expiry Date	Card Expiry Date / /											
<b>REIMBURSMENT METHOD</b> – Payable <u>only</u> to the animal owner for this application.												
Haw would von lit		. d	. 42									
How would you lik						Ι						
☐ Electronic Fun	☐ Electronic Funds Transfer (complete below table) ☐ Cheque (cheque will be posted)											
ELECTRONIC FU	ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION (if applicable). Bank account details must be for the animal owner.											
Financial Instituti	on											
Account Holder/s	Name/s											
BSB				Ac	count							
Reimbursement T	уре	□ Do	Dog - \$100.00					☐ Cat - \$.	50.00	1	<u> </u>	l .
DECLARATION												
DECLARATION  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.												
Animal Owner Fo	ull Name:											
Signature:							Da	ate of Applic	ation:		/ /	
				_	OFFICE							
Declaration Comp		ned:				□ No		e application				
Owner Details Ve		Yes No If no, the application cannot be accepted										
Concession/Health Care/Veterans card verified:					Yes No If no, the application cannot be accepted							
Has the Animal Been Desexed in The Last 60 Days:						No If no, the application cannot be accepted						
Mandatory Documents Supplied:						□ No	If no, th	e application	cannot be	accepted		
Animal Details Ve		Yes										
Date Created	/	/	CSO Ir	nitials			Applica	ation Numbe	r #			