



DESEXING INFORMATION:	
<b>Animal #1</b>	
Date of Desexing:	/ /
Is the date of desexing 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:	\$
<b>Animal #2</b>	
Date of Desexing:	/ /
Is the date of desexing 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.	
<i>How would you like your refund processed?</i>	
<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 verified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If no, the application cannot be accepted</i>
Has the Animal Been Desexed 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 #