

## 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.
- 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 Conditions do not apply to Cats within the Fraser Coast Regional Council Local Government area.

### MANDATORY DOCUMENTS CHECKLIST

<b>Concession/Health Care/Veteran Card</b> <i>Details of the relevant card to be completed within this application and original sighted by Council at time of application</i>	<input type="checkbox"/>
<b>Veterinary Receipt</b> <i>Confirming the animal/s was/were desexed within sixty (60) days prior to submitting this application including total cost.</i>	<input type="checkbox"/>

APPLICANT DETAILS		Office use only – Name No:	
Title		Given Name/s	
DOB	/ /	Surname	
Email			
Residential Address			
Postal Address (or as above)			
Phone	M:	H:	W:

ANIMAL DETAILS #1 <i>*Complete sections as relevant</i>	Office use only Animal No:
Animal Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
Animal Name	
Date of Birth/Age	
Microchip Number	
Breed/s	
Colour/s	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

ANIMAL DETAILS #2 <i>*Complete sections as relevant</i>	Office use only Animal No:
Animal Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
Animal Name	
Date of Birth/Age	
Microchip Number	
Breeds/s	
Colour/s	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

REIMBURSEMENT METHOD – Payable to animal owner for this application.	
<input type="checkbox"/> Electronic Funds Transfer	<input type="checkbox"/> Cheque

ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION (if applicable). Bank account details must be for 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>	
Applicant Signature:	Date:

Office Use Only		
Date Received:	CSO Initials:	<input type="checkbox"/> Declaration section signed
<input type="checkbox"/> Owners' details verified	<input type="checkbox"/> Concession/Health Care/Veterans card verified – (Name, Address, Expiry)	
<input type="checkbox"/> Animal details verified/updated	<input type="checkbox"/> Mandatory Documents Supplied	