



DESEXING SUBSIDY APPLICATION FORM

APPLICANT'S DETAILS			
NAME:			
CONTACT NUMBER:		MOBILE:	
EMAIL:			
ADDRESS:			
POSTAL ADDRESS (if different):			
ANIMAL NAME:	SEX:	DOB:	SPECIES:
BREED:	COUNCIL REGISTRATION (IF REG'D) #:		
MICROCHIP #:	<small>(attach cert copy)</small>	VACCINATED WITHIN LAST 12MTHS: Y / N <small>(attach cert copy)</small>	
FEMALES ONLY			
HAVE THEY PRODUCED ANY LITTERS?		Y / N	If so, how many?

CONCESSION TYPE <i>(please provide photocopies of all documents)</i>
<input type="checkbox"/> QLD Pension Concession Card Holder
<input type="checkbox"/> QLD Healthcare Card Holder
<input type="checkbox"/> QLD Repatriation Health Card <i>gold card</i>

DECLARATION
<p>I submit this Desexing Subsidy Application Form with the relevant documentation as required.</p> <p>I declare that:</p> <ul style="list-style-type: none"> • All the information I have supplied on this application is complete, truthful and correct in every detail. • I am responsible for paying my all fees outside that of the subsidy amount to Acacia Veterinary Surgery on the day of the procedure. • I can arrange transport to and from the veterinary clinic in Yeppoon on the appointed day. • I take full responsibility for all other costs ongoing or otherwise associated or un-associated that may arise during or after surgery or during Acacia Veterinary Surgery's care of the animal however so caused. (vaccinations, microchipping, other medical treatments the veterinarian prescribes). • I do not hold Four Paws Adoption and Education Inc or Acacia Veterinary Surgery responsible for any associated or un-associated complications that may arise during or after surgery or during Acacia Veterinary Surgery's care of the animal however so caused. • I acknowledge that it is my responsibility to check current desexing pricing with Acacia Veterinary Surgery prior to applying for this subsidy and acknowledge that I am aware of the total cost I will need to pay in full on the day of the procedure. <p>Name: _____ Signature: _____</p> <p>Date: _____</p>
OFFICE USE ONLY
DATE RECEIVED: / / APPROVED: Y / N AUTHORIZING OFFICER: _____

MISSION STATEMENT AND OBJECTIVES OF FOUR PAWS ADOPTION AND EDUCATION INC.

"A Not for Profit Animal Welfare charity whose principal activity is providing promotion and financial assistance of de-sexing companion animals, short-term direct care of cats and education of the community relating to responsible pet ownership.

The care covers a broad range of activities including: veterinary services for animals' injuries, illnesses and recovery which may include surgery, general and parasite prophylaxis, first aid and transport of injured animals, washing and grooming lost animals, feeding and sheltering animals in the short term while new homes are found.

Our activities also include:

Speaking on behalf of companion animals that have become a part of our daily lives and a very important part of our community.

Encouraging respect, understanding and compassion in the community for the companion animals of our community.

Initiating animal welfare education programs in our schools and community.

Actively promoting the permanent adoption of displaced animals within the community."