DOMESTIC DOG DESEXING VOUCHER APPLICATION FORM



Isaac Regional Council is collecting personal information you supply on this form in accordance with the Information Privacy Act 2009 and Animal Management (Cats and Dogs) Act 2008. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the Information Privacy Act 2009. APPLICANT DETAILS Mr 🗌 Mrs Dr \square Department Use Only **Title** Other Please specify Last/Family **CONCESSION TYPE - PLEASE NOTE PROOF** Name MUST BE PROVIDED AT THE TIME OF **LODGEMENT** First/Given Name Queensland Centrelink Pensioner Concession Card – issued by Centrelink Queensland Repatriation Health Card (Veteran Gold Card) – for all conditions **RESIDENTIAL ADDRESS** issued by the Department of Veterans' **Affairs** Postcode Suburb Please provide card number below. Queensland War Widow/Widower POSTAL ADDRESS (if different from residential) Status - issued by the Department of Veterans' Affairs Approved Hardship Recipient – issued Suburb Postcode by Isaac Regional Council **CONTACT DETAILS** Phone number Mobile/other phone **Email**

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DOMESTIC DOG DESEXING VOUCHER APPLICATION FORM



DOG'S DETAILS – ONE		DOG'S DETAILS – TWO (IF APPLICABLE)		
Registration Tag Number		Registration Tag Number		
Name		Name		
Gender	Age (years & months)	Gender	Age (years & months)	
Male Female		Male Female		
Primary breed		Primary breed		
Primary colour	Secondary colour	Primary colour	Secondary colour	
Microchip Number – Dog One		Microchip Number – Dog Two		
this desexing voucher. I microchipped, you must microchipped at the time	t have your dog e of desexing. You must ping agreement below to	Your dog must be microchipped to be eligible for this desexing voucher. If your dog is not microchipped, you must have your dog microchipped at the time of desexing. You must complete the microchipping agreement below to be eligible for the desexing voucher.		
MICROCHIPPING AGREEMENT		MICROCHIPPING AGREEMENT		
I agree to have the aborimplanted with a microc redeeming this desexing nominated vet clinic at r	hip at the time of g voucher at my	I agree to have the abovementioned dog implanted with a microchip at the time of redeeming this desexing voucher at my nominated vet clinic at my own cost.		
Signature		Signature		
Print Name	Date	Print Name	Date	

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DOMESTIC DOG DESEXING VOUCHER **APPLICATION FORM**

Rockhampton



PARTICIPATING VETERINARIAN SURGERY Please select your preferred veterinary surgery: Sarina Moranbah Veterinary Veterinary Clinic Clinic Torenbeek Clermont Veterinary Clinic Veterinary

Surgery

Valley Veterinary Surgery Walkerston

Read carefully prior to signing:				
I submit this Dog Desexing Voucher Application Form with the relevant supporting documentation as required. I declare that the information I have supplied on this application is complete, truthful and correct in every detail.				
Print Name				
Signature				

AUTHORISATION

Date

Once completed please send form and any attachment to: records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744 or deliver in person to your local Isaac Regional Council office

DEPARTMENT USE ONLY

PROCESSED BY		Approved: Y / N	Voucher 1 Number:	
		Date:	Voucher 2 Number:	
		Signature:	Total Amount:	

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