

# Animal Desexing Voucher Application Form

Privacy Notice: Council deals with your personal information in accordance with law including the *Information Privacy Act 2009*.



This form is to be completed when applying for a desexing voucher for a cat or dog. Desexing vouchers are for the amount of \$50.00 and are to be used to contribute to the total cost of the desexing procedure. Vouchers expire within 30 days from the date of issue and are applicable to Rockhampton Region residents only. A household is entitled to a maximum of two desexing vouchers in two years. Please refer to the Animal Management – Desexing Voucher Policy and Procedure for further information.

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<b>Applicant Details</b>	
Contact name:	
Residential address:	
Postal address (if different to above):	
Preferred contact number:	Email:
<b>Concession Type</b> (please note a photo copy must be provided at the time of lodgement)	
<input type="checkbox"/> Queensland Pensioner Concession Card holder – issued by Centrelink <input type="checkbox"/> Queensland Repatriation Health Card – for all conditions (Gold Card) – issued by the Department of Veterans' Affairs <input type="checkbox"/> Queensland Widow/ers Allowance – issued by the Department of Veterans' Affairs or Centrelink	
<b>Animal Details</b>	
<b>Animal One</b>	<b>Animal Two</b>
Type: <input type="checkbox"/> Dog - Reference number: <input type="checkbox"/> Cat	Type: <input type="checkbox"/> Dog - Reference number: <input type="checkbox"/> Cat
Name:	Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Breed:	Breed:
Colour:	Colour:
<b>Participating Veterinary Surgery</b> (please tick your preferred veterinary surgery)	
<input type="checkbox"/> Capricorn Veterinary Surgery	<input type="checkbox"/> High Street Veterinary Surgery
<input type="checkbox"/> Alma Street Veterinary Hospital	<input type="checkbox"/> Gracemere Veterinary Surgery
<b>Declaration</b>	
I submit this Animal Desexing Voucher Application Form with the relevant supporting documentation as required. I declare that the information I supplied on this application is complete, truthful and correct in every detail.	
Name:	Signature:
Date:	Time:

<b>OFFICE USE ONLY</b>	Date:	Register number:	Approved: Y / N	Responsible officer:
	Voucher 1 number:	Voucher 2 number:	Total amount:	