

Cash Donation for Rehoming Impounded Animals Application Form



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

This form is to be completed when an Animal Welfare Agency is applying for a cash donation for an impounded cat or dog that has been desexed and rehomed.

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Animal Welfare Agency Details		
Agency name:		
Contact name:		
Postal address:		
Preferred contact number:	Email:	
Preferred delivery method:	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – (Rockhampton, Gracemere, Mt Morgan)	
<i>Email is the standard form of delivery. If this method is unsuitable please select an alternative.</i>		
Responsible Person Details <small>(person applying on behalf of agency)</small>		
Name:	Preferred contact number:	
Residential Address		
Street number and name:		
Suburb:	State:	Postcode:
Postal address <small>(if different)</small> :		
Proof of ID of Responsible Person		
ID type:	ID number:	Expiry date:
Claim Details		
Claim period:	<input type="checkbox"/> 1 November to 30 April <small>(application to be submitted to Council by 25 May)</small> <input type="checkbox"/> 1 May to 30 October <small>(application to be submitted to Council by 25 November)</small>	
Total number of dogs rescued during the period:		
Total number of cats rescued during the period:		
Supporting Documentation		
Please remember to provide the following supporting documentation when submitting this form – this application will not be processed without it:		
<input type="checkbox"/> List of cats and dogs rescued from Council's Animal Management Centre in the applicable period. List must include Council's impound number and confirmation that all cats and dogs were desexed.		
Declaration		
I understand that by signing below, Council will compare the information contained in this application, including the list of animals rescued, to the records held by Council. I certify the information provided in this application and supporting documents is true and correct and I am authorised to make this application on behalf of the Animal Welfare Agency.		
Name:	Signature:	Date:
OFFICE USE ONLY		
Date:	Administration Officer:	Information checked: <input type="checkbox"/> Yes <input type="checkbox"/> No
Donation amount:\$	PEA No:	Date sent: