

# Animal Desexing Voucher 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 applying for a desexing voucher for a cat or dog. Desexing vouchers are for the amount of \$50 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 for further information.

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## Applicant Details

Contact name:

Date of birth:

Preferred contact number:

Email:

## Residential Address

Street number and name:

Suburb:

State:

Postcode:

Postal address (if different):

## Concession Type (please note a photo copy must be provided at the time of lodgement)

Please select the applicable concession type:

- Queensland Pensioner Concession Card holder – issued by Centrelink or the Department of Veterans' Affairs
- Queensland Repatriation Health Card – for all conditions (Gold Card) – issued by the Department of Veterans' Affairs
- Queensland Widow's Allowance – issued by Centrelink or the Department of Veterans' Affairs

## Animal Details (please note if applying for a desexing voucher for a dog, the dog must be currently registered if over 12 weeks of age)

### Animal One

Type:  Dog  Cat

Registration reference number:

Name:

Gender:  Male  Female

Breed:

Colour:

### Animal Two

Type:  Dog  Cat

Registration reference number:

Name:

Gender:  Male  Female

Breed:

Colour:

## Participating Veterinary Surgery

Please select your preferred veterinary surgery:

- Capricorn Veterinary Surgery  High Street Veterinary Surgery  Gracemere Veterinary Surgery
- Alma Street Veterinary Hospital  Torenbeek Veterinary Clinic

## Declaration

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: \_\_\_\_\_

OFFICE  
USE ONLY

Date:

Register number:

Approved: Y / N

Responsible officer:

Voucher 1 number:

Voucher 2 number:

Total amount: