

# 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 an animal desexing voucher. Please refer to the Animal Management – Desexing Voucher Policy for further information.



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Applicant Details		
Applicant name:		
Preferred contact number:	Email:	
Residential Address		
Street number and name:		
Suburb:	State:	Postcode:
Postal address (if different):		
Concession Type <small>(a copy of your concession card must be provided at time of lodgement)</small>		
Please select the applicable concession type:		
<input type="checkbox"/> Queensland Pensioner Concession Card holder – issued by Centrelink or the Department of Veterans' Affairs		
<input type="checkbox"/> Queensland Veteran Gold Card – issued by the Department of Veterans' Affairs		
Animal Details <small>(please note if applying for a desexing voucher for a dog, the dog must be currently registered if over 12 weeks of age)</small>		
Animal One	Animal Two	
Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	
Registration reference number: <small>(dogs only)</small>	Registration reference number: <small>(dogs only)</small>	
Name:	Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Breed:	Breed:	
Colour:	Colour:	
Participating Veterinary Surgery		
Please select your preferred veterinary surgery:		
<input type="checkbox"/> Capricorn Veterinary Surgery <input type="checkbox"/> High Street Veterinary Surgery <input type="checkbox"/> Gracemere Veterinary Surgery		
<input type="checkbox"/> Alma Street Veterinary Hospital <input type="checkbox"/> Torenbeek Veterinary Clinic		
Declaration		
I submit this Animal Desexing Voucher Application Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my knowledge.		
Name:	Signature:	Date:

<b>OFFICE USE ONLY</b>	Date:	Register number:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible officer:
	Voucher 1 number:	Voucher 2 number:	Total amount:	