



## APPLICATION FOR DESEXING SUBSIDY (FEMALE CATS)

\*If you are applying for the subsidy for more than one female cat, please complete a form for each cat.

YOUR FULL NAME: .....

ADDRESS: .....

POSTAL ADDRESS: .....

TELEPHONE: (H) ..... (W) ..... Mobile .....

CAT'S NAME: ..... CAT'S AGE (approximate): .....

DESCRIPTION OF CAT (Breed, colour): .....

HAS THE CAT PREVIOUSLY HAD ANY LITTERS? (Tick the appropriate box)  Yes  No

If yes, approximately how many litters has the cat had? .....

You need to **include a copy of your health care card and a copy of photo identification (eg driver's licence)** with this form.

Capricorn Animal Aid Organisation Inc. guarantees the information provided on this form will remain confidential and will only be used for the purposes of the desexing subsidy campaign.

I declare:

- the information given above is true and correct;
- I am the guardian of the cat specified in this application;
- the subsidised desexing fee of \$65 (sixty-five dollars) will be paid to Capricorn Animal Aid Organisation Inc in full prior to the desexing appointment;
- I am able to arrange transport to and from the veterinary clinic in Rockhampton on the day of the desexing appointment;
- I take full responsibility for any other costs incurred (eg vaccinations, other medical treatments prescribed by the vet);
- I will not hold Capricorn Animal Aid Organisation Inc responsible for any complications arising from surgery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:**

Please cross out any days on the calendar that **DO NOT** suit for a desexing appointment.

August 2010

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
| 2  | 3  | 4  | 5  | 6  |
| 9  | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 |    |    |    |

September 2010

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
|    |    | 1  | 2  | 3  |
| 6  | 7  | 8  | 9  | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 |    |

October 2010

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
|    |    |    |    | 1  |
| 4  | 5  | 6  | 7  | 8  |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

November 2010

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  |
| 8  | 9  | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 |    |    |    |

December 2010

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
|    |    | 1  | 2  | 3  |
| 6  | 7  | 8  | 9  | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | 31 |

January 2011

| M  | T  | W  | T  | F  |
|----|----|----|----|----|
|    |    |    |    |    |
| 3  | 4  | 5  | 6  | 7  |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |
| 31 |    |    |    |    |

Please ***DO NOT*** send payment of the desexing fee with this application. If your application is successful you will be advised of the appointment date by Capricorn Animal Aid and asked to pay the desexing fee prior to the appointment date.

On the day of the appointment, your cat must be taken to the veterinary surgery in Rockhampton between 8.00am and 8.30am, and picked up on the same day between 4.30pm and 5.45pm. Your cat will need to be taken back to the vet ten (10) days after the surgery to be checked and to have her stitches removed.

When you have completed this form, please send it, along with a copy of your health care card and a copy of photo identification (eg driver's licence) to:

**Capricorn Animal Aid Organisation Inc**  
**PO Box 1560**  
**Rockhampton 4700**

Capricorn Animal Aid will then telephone you to advise of the appointment date for your cat and to arrange for payment of the \$65 desexing fee.

*Desexing is one of the greatest gifts you can provide your pet.*