

**APPLICATION FOR DESEXING SUBSIDY**

\*If you are applying for more than one animal a form for each animal needs to be completed.

Full Name: ………………………………………………………………………………………

Address: …………………………………………………………………………………………

Postal Address: …………………………………………………………………………………

Phone number: …………………………………………………………………………………

Microchip Number: …………………………………… Registration date: ………………

Species: DOG / CAT Animals Name: …………………………………………………..

Animals Breed: …………………………………………………………………………………

Conditions of Application

* Must be a Liverpool City Council resident.
* Must have a valid pension card.
* Must have desexed and registered the animal within 60 days of applying for the subsidy.
* Council contribute fifty dollars ($50) per feline.
* Council contribute seventy five dollars ($75) per canine.

I declare:

* The information given above is true and correct
* I am the owner of the animal specified in this application
* **I will not hold Liverpool City council responsible for any costs involved for the veterinary treatment of my companion animal.**

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only :**

**Conditions of application satisfied and copies of documents obtained: Yes/No**

**Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**