

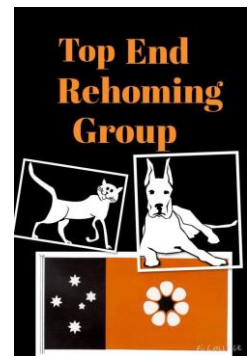
# Top End Rehoming Group Animal Desexing Program Application Form

☎ 0403 359 248



✉ [topendrehominggroup@gmail.com](mailto:topendrehominggroup@gmail.com)

TopEndRehoming



The Animal Desexing Program aims to tackle the problematic over-population of domestic animals, raise awareness of the importance of desexing domestic pets, and create awareness of responsible pet ownership in the Darwin and surrounding areas by assisting in the desexing of dogs and cats belonging to families that are unable to afford the cost. Part of the program offers eligible individuals and families with subsidised desexing of their pet/s.

<b>Owners Name:</b>	
<b>Residential Address:</b>	
<b>Postal Address (if different from above):</b>	
<b>B/H Phone:</b>	
<b>A/H Phone:</b>	
<b>Email Address:</b>	
<b>Second Contact Name and Number:</b>	

Please give a detailed explanation as to why you cannot afford to have the below animal/s vet work (25+ words)

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**Animal #1**

<b>Pet Name:</b>	
<b>Animal Type (please circle)</b>	<b>DOG</b> <b>CAT</b>
<b>Pet Date of Birth:</b>	____ / ____ / ____ OR _____ MONTHS/YEARS
<b>Pets Colouring:</b>	
<b>Breed:</b>	
<b>Sex (please circle)</b>	<b>MALE</b> <b>FEMALE</b>
<b>Microchip Number (if applicable):</b>	
<b>How did you acquire your pet?</b>	<input type="checkbox"/> <b>STRAY</b> <input type="checkbox"/> <b>PET SHOP</b> <input type="checkbox"/> <b>FRIEND/FAMILY</b> <input type="checkbox"/> <b>POUND</b> <input type="checkbox"/> <b>REGISTERED BREEDER</b> <input type="checkbox"/> <b>UNREGISTERED BREEDER</b> <input type="checkbox"/> <b>OTHER – Please specify</b>

**Animal #2**

<b>Pet Name:</b>	
<b>Animal Type (please circle)</b>	<b>DOG</b> <b>CAT</b>
<b>Pet Date of Birth:</b>	____ / ____ / ____ OR _____ MONTHS/YEARS
<b>Pets Colouring:</b>	
<b>Breed:</b>	
<b>Sex (please circle)</b>	<b>MALE</b> <b>FEMALE</b>
<b>Microchip Number (if applicable):</b>	
<b>How did you acquire your pet?</b>	<input type="checkbox"/> <b>STRAY</b> <input type="checkbox"/> <b>PET SHOP</b> <input type="checkbox"/> <b>FRIEND/FAMILY</b> <input type="checkbox"/> <b>POUND</b> <input type="checkbox"/> <b>REGISTERED BREEDER</b> <input type="checkbox"/> <b>UNREGISTERED BREEDER</b> <input type="checkbox"/> <b>OTHER – Please specify</b>

Are there any other animals in your home?     **YES**                       **NO**

Are they desexed and/or microchipped?

**DESEXED**                       **MICROCHIP**                       **BOTH**                       **NEITHER**

Are you a recipient of Government Support?  YES  NO

How did you hear about Top End Rehoming Inc and the Animal Desexing Program?

- VET
- SOCIAL MEDIA
- FRIEND/FAMILY
- POUND/COUNCIL
- USED BEFORE
- OTHER – Please specify \_\_\_\_\_

If my application is successful for the desexing of my pet through Top End Rehoming Group Inc (TERG) Animal Desexing Program 2019, I agree to the following:

- The procedure/surgery is to be completed within a month of the voucher being issued and by one of Top End Rehoming Group preferred vet clinics.
- The **ONLY** costs covered by the Top End Rehoming Group Inc (TERG) is what is specified in your letter of acceptance/confirmation. If your animal is pregnant, in season or has undescended testicles, there may be costs incurred by the applicant or result in the cancellation of vet treatment to be provided by Top End Rehoming Group Inc.
- Any optional extras such as pre-operation blood tests, fluids, extra pain relief, Elizabethan collar (plastic cone) etc are at your own expense. Please ensure you ask the clinic about these additional costs and/or optional services prior to your appointment so you avoid unexpected costs.

**PLEASE NOTE:** It is YOUR responsibility to ensure the post-op instructions given to you by the vet clinic are adhered to i.e. no running/jumping, keeping the animal quiet, or strict use of an *Elizabethan* collar. If your animal requires follow-up surgery (i.e. to re-stitch the wound) due to you not adhering to the instructions given to you on discharge, this is entirely at your cost. Top End Rehoming Group take no responsibility for this additional surgery.

*Your participation in the program is strictly voluntary. Top End Rehoming Group Inc assumes no risk for the health of your pet or for the outcome of the surgery. Top End Rehoming Group Inc reserves the right to modify or cancel the program at any time.*

**I agree to be responsible for all necessary veterinary treatment for my animal and acknowledge any further cost associated to my cat/dog is at my own cost, vet and responsibility.**

**Bank Details for Owner Contribution**

Top End Rehoming Group Inc

ANZ Bank

**BSB:** 015-901

**Account:** 2205-05086

**Agreed, Accepted and Signed by Owner:**

**Print Name:** \_\_\_\_\_

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

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