

PERSONAL INFORMATION COLLECTION NOTICE By completing this form you are providing personal information to the Royal Society for the Prevention of Cruelty to Animals; New South Wales ABN 87 000 001 641. We collect and hold personal information such as your name, address and phone number so that you can access our RSPCA NSW programs. Without your personal information we may not be able to process your application, or provide you with some or all of the services of RSPCA NSW. Your personal information may be provided to third parties who assist us in supplying our services including participating veterinary practices and your local council. You may be contacted by us in the future by email or phone in relation to your participation in this RSPCA NSW program. RSPCA NSW undertakes not to sell, rent or trade your personal information to any individual or entity. The RSPCA NSW Privacy Policy is publicly accessible at <https://www.rspcansw.org.au/privacy-policy/>. You can contact our Privacy Officer at: (02) 9770 7555; privacy@rspcansw.org.au

PART 1 – APPLICANT DETAILS

Full name	Phone
Street address	
Suburb	Postcode
Email	
Main language spoken at home <input type="checkbox"/> English <input type="checkbox"/> other	

PART 2 – ANIMAL DETAILS (please complete a separate form for each animal)

Name	Breed	
Colour	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
If female, how many litters has she had?	When was her last litter born?	
When was the last time your pet was examined by a vet?		
Are you aware of any health problems* <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please provide details:		
Microchipped* <input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip number	
Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinated <input type="checkbox"/> No <input type="checkbox"/> Yes – Date of last vaccination	

* If you answered 'yes' to microchipped, a current certificate with owner's details must be sighted.

* If you answered 'yes' to health problems, or your pet is over the age of seven (7) years, an assessment by a vet may be scheduled prior to surgery to determine approval.

PART 3 – GENERAL INFORMATION

How did you come to care for this cat? gift or rehomed from a friend/relative/neighbour bought from a breeder or pet shop
 adopted from a pound, shelter or rescue organisation bought or rehomed through social media it was a stray
 other

Which of the following best describes your cat's living arrangements? indoor only indoor at night, outdoor during the day
 indoor and outdoor (free choice) outdoor only indoor with restricted outdoor access (e.g. in an escape-proof yard, on lead)
 other

How many cats do you own? **How many of these cats are not desexed?**

Do you have stray cats that visit where you live? Yes No

PART 4 – OWNERS CONSENT

I hereby give permission for the administration of an anaesthetic to the above-mentioned animal and for a surgical desexing procedure to be performed together with any other procedures, which in the opinion of the responsible veterinary surgeon might prove necessary. I understand that all professional care and attention will be given to the animal but recognise that attendant risks exist, which I have discussed with the veterinary surgeon to my satisfaction. I acknowledge that my pet might receive an ear tattoo at the time of desexing.

Owner's Signature	Date
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Procedures to be performed Desex Microchip Vaccination Other



CONDITIONS OF APPLICATION:

1. The applicant must complete all questions and parts of the application form to be considered for the program.
2. The applicant must be a resident of the council area named on this form and the animal must reside within the boundaries of this same council area.
3. If the animal is already microchipped, proof of registration to the owner applying to the scheme must be provided before surgery will take place.
4. If applicable, the applicant must pay the entire discounted fee for their animal prior to their animal being admitted for surgery.
5. The applicant must ensure their animal is delivered to the participating veterinary hospital at the time and date of their booking. If the applicant needs to cancel the appointment, they must inform the veterinary hospital as soon as they become aware of the need for cancellation.
6. The applicant will forfeit their right to benefit from the program if they do not present their animal at the specified time and date nominated.
7. If the veterinarian believes there are health reasons that make the animal unsuitable for surgery, the applicant will be contacted to collect their animal or to discuss other options to allow surgery to proceed.
8. If any of the information provided on this form is found to be incorrect or misleading, the owner may forfeit their right to participate in the program and will not be eligible for any compensation.
9. If the animal is microchipped through the program it is the responsibility of the applicant to register their animal with their local council and pay any relevant registration fees as is required under the *Companion Animals Act 1998* (NSW)