RSPCANSW, Weddin Shire Council & Weddin Landcare Community Animal Welfare Scheme (CAWS)



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

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PART 1 – APPLICANT DETAILS						
Full name			Phone			
Street address						
Suburb			Postcode			
Email						
Main language spoken at home Eng	lish other					
PART 2 – ANIMAL DETAILS (please comple	te a separate form for	each animal)				
Name		Breed				
Colour	Age			Sex	Female	Male
f 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* No Yes – If yes, please provide details:						
Microchipped* Yes No	Microchip num	ber				
Registered Yes No Vaccinated No 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? adopted from a pound, shelter or rescue other	· ·	n a friend/relative/neight or rehomed through	,	Ŭ.	a breeder oi was a stray	pet shop
Which of the following best describes your indoor and outdoor (free choice) out other		nents? indoor or with restricted outdo	,	•	outdoor duri	,
How many cats do you own?	How many of the	se cats are not dese	exed?			
Do you have stray cats that visit where yo	ou live? Yes	No				
PART 4 – OWNERS CONSENT I hereby give permission for the admit desexing procedure to be performed veterinary surgeon might prove necess animal but recognise that attendant risacknowledge that my pet might receive	together with any sary. I understand t ks exist, which I hav	other procedures, that all profession or discussed with t	which in that al care and	ne opinio attentio	on of the r n will be gi	responsible ven to the

Date

Vaccination

Other

Microchip

Desex

Owner's Signature

Procedures to be performed







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)