



## Statement of desexing by Veterinarian

**Postal Address**  
PO Box 159  
Caboolture QLD 4510

**Customer Response Department**  
Ph: 07 3205 0555

**Internet**  
www.moretonbay.qld.gov.au  
mbrc@moretonbay.qld.gov.au

**ABN: 92 967 232 136**

### Veterinarian details:

Veterinarian's name:   
Surgery name:   
Surgery address:   
Business phone number:

### Animal details:

Owner's name:   
Animal reference number / tag number:   
Animal type:  Dog  Cat  
Gender:  Male  Female  
Animal name:  Date of birth / Age of animal:   
Primary breed:  Secondary breed:   
Dominant colour:  Secondary colour:   
Microchip number:

### Customer summary:

I hereby certify that the above animal was:

- Desexed at this surgery  
 Examined at this surgery and determined to be desexed

Signature of Veterinarian:  Date:

#### **Privacy statement**

*Moreton Bay Regional Council is collecting your personal information for the purpose of confirming the desexing status of an animal. Council will use your personal information to update council's customer information records and to contact you about other functions and services of council.*