

Statement of desexing by Veterinarian



Postal Address PO Box 159 Caboolture QLD 4510	Customer Resp Ph: 07 3205 05	onse Department 55		Internet www.moretonbay.qld.gov.au council@moretonbay.qld.gov.au
				ABN: 92 967 232 136
Veterinarian details:				
Veterinarian's name:				
Surgery name:				
Surgery address:				
Business phone number:				
Animal details:				
Owner Name:				
Animal reference number / tag number:				
Animal type: 🗌 Dog	🗌 Cat			
Gender: 🗌 Male	E Female			
Animal name:		Date of birth / Age of an	imal:	
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 deterr	nined to be desexed			
Signature of Veterinarian:			Date:	

Privacy statement

Moreton Bay City 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.