



## Statement of desexing from Veterinarian

**Postal address**

PO Box 159  
Caboolture QLD 4510

**Customer Response Department**

Ph: 07 3205 0555

**Internet**

[www.moretonbay.qld.gov.au](http://www.moretonbay.qld.gov.au)  
[council@moretonbay.qld.gov.au](mailto:council@moretonbay.qld.gov.au)

**ABN: 92 967 232 136**

**Veterinarian details:**

Veterinarian's name:

Surgery name:

Surgery Address:

Business Phone:

**Animal details:**

Owner Name:

Animal Reference Number:

Animal Type: ☐ Dog

☐ Cat

Gender: ☐ Male

☐ Female

Animal Name:

Date of Birth / Age:

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 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.