



www.myanimalcare.org

AnimalCare Neutering Subsidy

(not applicable to pregnant females – please let the babies be born first)

Please fill in ALL details in full. Incomplete forms will not be entertained.

Please email pre- and post-operation photographs of the animal(s).

Name(s) of Animal(s): _____ (Dog/Cat/Others) (Male/Female) please circle

Receipt No: _____ Name of Vet's Clinic: _____

Your Bank Account No & Name of Bank: _____ (MBB/CIMB/PBB)

Please circle or write the name of your bank. For banks other than MBB/CIMB/PBB, intergiro transaction charges will be borne by the applicant.

Name of Account Holder: _____

Are you applying to or receiving funds from other sources for your caregiving work? _____ (Yes/No)

If yes, please state the sources (includes Facebook) and provide relevant details: -

I hereby certify that all information provided by me in this application is true. I agree that any misrepresentation, falsification or omission of information may result in my being barred from receiving help from this organisation.

I hereby give consent for my FULL NAME and other relevant details to be published in the myanimalcare.org blogposts for the purpose of record and accountability of funds. I acknowledge that I have read and understood the policies stipulated in www.myanimalcare.org.

(Saya memberi kebenaran untuk NAMA PENUH saya dan hal-hal berkaitan diterbitkan di laman blog myanimalcare.org untuk tujuan rekod dan kebertanggungjawapan dana. Saya mengesahkan bahawa saya telah membaca serta memahami polisi sebagaimana tertera di www.myanimalcare.org.)

_____ (signature required)

Name:

Hp no:

Email:

Date:

Please post the original receipt together with this completed form to

AnimalCare Society

55, SS18/6

47500 Subang Jaya

This application should be received no later than TWO WEEKS from the date of the receipt.