

## AnimalCare Neutering Aid

**NOT APPLICABLE TO PREGNANT FEMALES (TIDAK BOLEH MOHON UNTUK HAIWAN MENGANDUNG).**

CAT		DOG	
Male	Female	Male	Female

(please state numbers)

Please read [www.myanimalcare.org/aid/](http://www.myanimalcare.org/aid/) before submitting this application.

Fill up ALL details in full. Incomplete forms will not be entertained.

Email a photo collage of the animal(s) (before-after photos) to [chankahyein@gmail.com](mailto:chankahyein@gmail.com).

Location of rescue: \_\_\_\_\_ (town)

Receipt No: \_\_\_\_\_ Name of Vet Clinic: \_\_\_\_\_

Applicant's Bank Account No : \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Intergiro transaction charges will be borne by the applicant.

Name of Bank Account Holder: \_\_\_\_\_

I CONFIRM THAT I HAVE NOT RECEIVED ANY DONATION OR MONETARY ASSISTANCE FOR THIS/THESE NEUTERING.

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 acknowledge that I have read and understood the policies stipulated in [www.myanimalcare.org/aid/](http://www.myanimalcare.org/aid/). 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. (Saya mengesahkan bahawa saya telah membaca serta memahami polisi sebagaimana tertera di [www.myanimalcare.org/aid/](http://www.myanimalcare.org/aid/). Saya memberi kebenaran untuk NAMA PENUH saya dan hal-hal berkaitan diterbitkan di laman blog [myanimalcare.org](http://myanimalcare.org) untuk tujuan rekod dan kebertanggungjawapan dana.)

\_\_\_\_\_ (Applicant's signature)

Name:

NRIC no:

Handphone 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.

**VETERINARIAN'S DECLARATION:**

I hereby certify that I have neutered the animal(s) above.

\_\_\_\_\_  
 Signature of Vet

\_\_\_\_\_  
 Name of Vet

\_\_\_\_\_  
 Name of Clinic

Date: \_\_\_\_\_