

AnimalCare Vaccination Aid

CAT		DOG	
Male	Female	Male	Female

Please tick (✓)

Please read www.myanimalcare.org/vacc/ before submitting this application. Fill up ALL details in full. Incomplete forms will not be entertained.
Email a photo collage of the animal and vaccination card to chankahyein@gmail.com.

Location of rescue: _____ (town) Name of clinic: _____

	1 st vaccination	2 nd vaccination
Date		
Receipt No		

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 THESE VACCINATIONS.

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/vacc/. 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/vacc/. Saya memberi kebenaran untuk NAMA PENUH saya dan hal-hal berkaitan diterbitkan di laman blog 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

VETERINARIAN'S DECLARATION:

I hereby certify that I have vaccinated the animal above.

Signature of Vet

Name of Vet

Name of Clinic

Date: _____



AnimalCare

www.myanimalcare.org

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

Aug 2019

ONE (1) form per animal