



## Discounted Desexing Agreement

Revision: 09-06-2022

Gladstone PAWS  
PO Box 7139  
KIN KORA QLD 4680  
Phone: 0429 127 950  
info@gladstonepaws.com

### OWNER DETAILS

Person Name \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Person Address \_\_\_\_\_ Person DOB \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

### ANIMAL

Name \_\_\_\_\_  
Species \_\_\_\_\_  
Gender (Sex) \_\_\_\_\_  
Breed \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
Colour \_\_\_\_\_  
Microchip \_\_\_\_\_

Discount Desexing Clinic:  
**Boyne Tannum Vet Clinic**  
2/4 Booth Avenue  
Tannum Sands QLD 4680  
Phone: (07) 4973 8195

Please read carefully:

1. I am the owner of this animal and wish him/her to be sterilised through the Gladstone PAWS desexing subsidy program.
2. I am experiencing financial hardship and would have difficulty paying for the surgery without help.
3. I understand that I need to pay a specified amount towards the procedure, and this needs to be paid to Gladstone PAWS' account before GPAWS will book the surgery. This amount is printed on the following page. I understand that Gladstone PAWS will ONLY pay fees related to sterilisation, and no other procedure or treatment.
4. I understand that the procedure will be booked by Gladstone PAWS, and will be done at Boyne Tannum Vet Clinic.
5. I agree to transport the animal to the vet clinic between 7:30am and 8am on the arranged day, and collect him/her the same afternoon of the operation, at a time directed by the clinic.
6. I understand that I need to remove food from the animal after 7pm the night before the procedure, and ensure he/she is given NO food the morning of the procedure. I will remove water from 7am on the day. ***If the animal accidentally eats on the morning of the procedure please contact both the vet and the Gladstone PAWS representative below to let us know. The booking will need to be rescheduled.***
7. I understand that Gladstone PAWS is acting as a financial aid and is not veterinary trained, and cannot give vet advice or be held responsible for the procedure itself. *Please consult with the vet clinic for any advice regarding the procedure and your pet.* I also understand that any procedure involving anaesthetic has some risk, and will not hold either the vet clinic nor Gladstone PAWS responsible for any loss.



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Amount per animal to be deposited to Gladstone PAWS Inc account:	Please deposit to the following account:
Male Cat \$50.00	Bank BOQ
Female Cat \$50.00	Acct Name Gladstone PAWS Inc
Male Dog \$100.00	BSB 124 001
Female Dog \$100.00	Acct number 2296 7869
	Use as reference <your surname> DSubsidy (eg. Smith DSubsidy)

My signature below certifies my acceptance of all terms and conditions detailed above and on the previous page.

\_\_\_\_\_

Owner signature

\_\_\_\_\_

Date

Please provide any additional information you think is relevant to your animal, including any current vaccinations.

\_\_\_\_\_  
\_\_\_\_\_

When can Gladstone PAWS book your animal in? This must be at least **two weeks** away from the date you submit this form, and will not be booked until your payment has appeared in Gladstone PAWS' account. The clinic may not have this date available, so please provide alternative days in case your first preference is not possible.

Preferred date: \_\_\_\_\_ (Cannot be a weekend)

2<sup>nd</sup> preference: \_\_\_\_\_ (Cannot be a weekend)

3<sup>rd</sup> preference: \_\_\_\_\_ (Cannot be a weekend)

Email is our preferred method of contact, so that we can provide consistent information. **Please ensure you check your emails for any correspondence regarding the procedure, and acknowledge you have received it.**

If you have any questions, or need to contact us about this program, please contact:

Tammy Driessen  
treasurer@gladstonepaws.com  
0407 592 779

**Email this form to: treasurer@gladstonepaws.com**