

**Application for Neutering subsidy program**

Name of owner \_\_\_\_\_ I/C No. \_\_\_\_\_

Address \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Income \_\_\_\_\_

Name of pet \_\_\_\_\_ Breed \_\_\_\_\_ Sex: Male/Female

Age of pet /Date of birth \_\_\_\_\_ Current Year License No: \_\_\_\_\_

Vaccination status (when and where) with vaccination card \_\_\_\_\_

**QUESTIONNAIRE**

This subsidy program is strictly for pet owners from **the low income group**. Please answer the following questions honestly. Your application will be rejected if all statements given below are answered dishonestly.

The SPCA depends entirely on donations received by well-wishers. It is within the discretion of the SPCA that SPCA rejects your application if it finds the application unsuitable for the program. SPCA is not obliged to give you a reason should your application be rejected.

1. How many animals do you own? [ ] Dogs [ ] Cats [ ] Others

2. Is this your first time keeping a pet? [ ] Yes [ ] No

3. How did you acquire your pet animal? [ ] Given / adopted from a friend.

[ ] Picked up as a stray [ ] Purchase from a pet shop/friend.

4. Is your house owned [ ] or [ ] rented ?

5. What type of house is it? [ ] Terrace [ ] Shop house [ ] Bungalow [ ] Flat/Apartment.

6. Has your pet been to a veterinarian at all? [ ] Yes [ ] No If so, who is your veterinarian?

\_\_\_\_\_

7. Is your pet vaccinated within the year? [ ] Yes [ ] No If yes, please produce a vaccination card.

Kindly note that upon approval, you need to produce an up-to-date Pet Health Record card before issuance of a neutering voucher.

8. Is your pet currently licensed? [ ] Yes [ ] No

9. Is your pet confined in the kennel/tied up the whole day? [ ] Yes [ ] No

10. How many people are there in your house? \_\_\_\_\_

11. What is the collective income of the household? RM \_\_\_\_\_

I \_\_\_\_\_ I.C. No. \_\_\_\_\_ confirmed that the above information given are true. I understand that my application will be rejected if found to be unsuitable .

Date: \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Official Use: [ ] Approved [ ] Not approved

Remarks:

\_\_\_\_\_  
Hon. Vet. Surgeon/Administrator

**Borang permintaan untuk program kembiri subsidi**

Nama tuan punya : \_\_\_\_\_ No. Kad Pengenalan: \_\_\_\_\_  
Alamat: \_\_\_\_\_ Tel: \_\_\_\_\_  
Perkerjaan: \_\_\_\_\_ Gaji Pendapatan Bulanan: \_\_\_\_\_  
Umur binatang peliharaan: \_\_\_\_\_ Jantina: Lelaki / Perempuan  
Jenis/baka haiwan: \_\_\_\_\_ No. Lesen Tahun Terkini : \_\_\_\_\_  
Taraf vaksinasi/cacar (bila & dimana) atau dengan sijil/ kad cacar \_\_\_\_\_

**Soalan**

Sila jawab soalan yang berikutnya dengan benar. Permintaan anda akan ditolak jika didapati ia tidak memuaskan atau sesuai untuk program kembiri. SPCA bergantung sepenuhnya dengan derma yang diterima daripada masyarakat/pihak sukarelawan. Pihak SPCA tidak perlu menyatakan sebarang sebab sekiranya permintaan anda tidak diestuai.

1. Berapa ekor haiwan peliharaan ( ) anjing ( ) kucing ( ) lain-lain nyatakan yang anda miliki.
2. Adakah ini kali pertama ( ) ya ( ) tidak.
3. Bagaimanakah anda memperolehi haiwan peliharaan ( ) diberi / ambil alih daripada sahabat.
4. Adakah rumah anda dipunyai ( ) atau disewa ( )
5. Apakah jenis kediaman anda ( ) rumah teres ( ) kedai/rumah ( ) Banglo ( ) rumah pangsa
6. Pernahkah haiwan anda dirawat oleh doktor haiwan? ( ) ya ( ) tidak.  
Jika ya, siapakah doktor haiwan anda? \_\_\_\_\_
7. Pernahkah haiwan anda dicacar/vaksin dalam tempoh setahun? ( ) ya ( ) tidak. ( Jika ya, sila kemukakan kad cacar tersebut.)
8. Adakah haiwan anda kini mempunyai lesen yang sah? ( ) ya ( ) tidak
9. Adakah haiwan anda dikurung di dalam rumah/sangkar atau pun diikat sepanjang hari? ( ) ya ( ) tidak
10. Berapa ramai penghuni / orang di dalam rumah anda? \_\_\_\_\_
11. Berapakah jumlah gaji / pendatan kasar dalam kediaman ? RM \_\_\_\_\_

Saya \_\_\_\_\_ no. k/p : \_\_\_\_\_ memaklumkan / sah bahawa segala maklumat / keterangan yang diberikan adalah benar. Saya faham jika permintaan saya akan ditolak sekiranya didapati tidak bersesuaian.

Tarikh: \_\_\_\_\_ Nama: \_\_\_\_\_ Tandatangan: \_\_\_\_\_

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Secara Rasmi : ( ) Dibenarkan ( ) Tidak dibenarkan ( )

Komen :

\_\_\_\_\_  
Doktor Haiwan/ Pentadbir