



[www.myanimalcare.org](http://www.myanimalcare.org)

## AnimalCare Vaccination Subsidy

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

Please email a photograph of each animal and a photograph of the vaccine sticker on the card.

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](http://www.myanimalcare.org).

(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. Saya mengesahkan bahawa saya telah membaca serta memahami polisi sebagaimana tertera di [www.myanimalcare.org](http://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.