

Sterilisation Rebate Application



In March 2018, Racing and Wagering Western Australia (RWVA) introduced the Sterilization Rebate to financially assist participants in sterilizing a greyhound prior to rehoming. The Sterilization Rebate is a one off payment of \$125. The following application form provides details of each individual greyhound intending to take part in the rebate scheme.

Greyhound Race Name:		
Microchip:		
Earbrands:		
Sex:		
Trainer:	Name -	Signature -
Owner:	Name -	Signature -

Veterinary Surgeon Details

The participant is required to nominate the Veterinary Surgeon that they intend to undertake the surgery to the greyhound.

Veterinary Surgeon:	
Veterinary Clinic:	
Location:	

Details of Surgery – Veterinary Surgeon to Complete

The Veterinary Surgeon is to provide details of the sterilization surgery performed on the greyhound, including the date and time of admission and discharge from the clinic.

Date of Admission:		Time of Admission:	
Date of Sterilization:		Time of Sterilization:	
Details of Sterilization:			
Aftercare Plan:			
Date of Discharge:		Time of Discharge:	

Refund to be paid to: _____

***** COMPLETED STERILISATION REBATE FORM, ACCOMPANIED WITH STERILISATION PAPERWORK FROM A LICENSED VETERINARIAN AND ALL RECEIPTS TO BE SENT TO 'ATTN: ANIMAL WELFARE MANAGER AT RWVA'*****

OFFICE USE ONLY		
Application Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Amount refunded <small>GST to be paid if GST Registered exclusive of GST:</small>	\$	<input type="checkbox"/> GL 2343-334-37758-0738-000 (Mandurah) <input type="checkbox"/> GL 2343-334-37758-0719-000 (Northam) <input type="checkbox"/> GL 2343-334-37758-0738-000 (Cannington)
GST Registered ✓	<input type="checkbox"/> Yes <input type="checkbox"/> No	PI No:
"I certify that this account is correct in respect of the requirements of Treasurer's Instructions 304(4) (i) to (vii)" _____ (Incurring Officer) Date:..... /...../.....		
"I certify that this account is correct in respect of the requirements of Treasurer's Instructions 304(4)'" _____ (Certifying Officer) Date:..... /...../.....		