

# STERILISATION AND DENTAL SUBSIDY REBATE APPLICATION

In August 2019, Racing and Wagering Western Australia (RWWA) extended the rebate available to financially assist participants in sterilising and carrying out a dental treatment on greyhounds prior to rehoming. The subsidy is a one off payment of up to \$285 per greyhound. The following application form provides details of each greyhound intending to take part in the scheme.

## PART A - GREYHOUND DETAILS

|                      |  |            |   |
|----------------------|--|------------|---|
| Greyhound Race Name: |  | Earbrands: |   |
| Microchip:           |  | Sex:       | <input type="checkbox"/> Bitch <input type="checkbox"/> Dog |
| Trainer Name:        |  | Signature: |   |
| Owner Name:          |  | Signature: |   |

## PART B - REBATE PAYMENT DETAILS

|  |            |
|--|------------|
| Rebate to Be Paid To   | Signature: |
| My Bank Account Details are held by RWWA: <input type="checkbox"/> Yes <input type="checkbox"/> No – if No please complete a GST Declaration Form - Owner/Breeder* |            |

\* This form can be found at [www.rwwa.com.au](http://www.rwwa.com.au) under Registration & Forms or email [animalwelfare@rwwa.com.au](mailto:animalwelfare@rwwa.com.au) for a copy.

Please note that the veterinary invoice particulars must match the person the rebate is to be paid to, if not, the person/representative whom has paid the invoice must complete the section below to approve the payment of the rebate to another party:

|       |            |
|-------|------------|
| Name: | Signature: |
|-------|------------|

## PART C – SURGERY/TREATMENT DETAILS

|  |                 |
|--|-----------------|
| Veterinary Surgeon:  |                 |
| Veterinary Clinic:   |                 |
| Location:  | Date of Surgery |
| Surgery/Treatment Completed (please tick)                      Sterilisation <input type="checkbox"/> Dental Treatment <input type="checkbox"/>  |                 |
| A Veterinary Certificate, from the registered veterinarian who conducted the surgery, detailing that the greyhound described in Part A of this form has been sterilised and undergone a dental treatment must be provided. If a dental treatment is deemed by the attending veterinarian not to be necessary, a statement from the veterinarian must be provided to evidence this. |                 |

### IMPORTANT INFORMATION

- R106 form must be returned to the Integrity Department before the application will be processed.
- Parts A, B and C of the application must be completed and relevant areas signed.
- A Veterinary Certificate as referred to in Part C of this form must be supplied, the application for the rebate will not be processed until it is provided.
- Proof of payment is required, invoices should be marked as paid or receipts provided as proof of payment.

*Incomplete forms and failure to provide copies of veterinary certificate and relevant receipts will result in a delay in payment*

Please return completed application and relevant paperwork to [animalwelfare@rwwa.com.au](mailto:animalwelfare@rwwa.com.au) or attention to Animal Welfare Coordinator at RWWA or submit to the Integrity Department in conjunction with your retirement paperwork.

| OFFICE USE ONLY  |  |  |
|--|--|--|
| Application Status:  | <input type="checkbox"/> Approved                        | <input type="checkbox"/> Denied                          |
| Amount refunded:<br><small>Inclusive of GST if participant is not GST registered.<br/>Exclusive of GST if participant is GST registered.</small> | \$   | <input type="checkbox"/> GL      2343-334-37758-0000-000 |
| 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:..... /...../.....                                  |