

# Refund Request

## Sterilisation Refund



**Owner/Agent request Refund:** Please note the refund is given to the person who paid for the registration.

Mr/Mrs/Miss/Ms	Surname:	Given Name:
Address:		
Suburb:	Postcode:	DOB:
Number (home):	Mobile/ Work:	
Dog Name:	Registration Tag Number:	
Breed of Dog:	Sex: M F	Sterilised: Yes No
		Date Sterilised:
Date dog was registered:	Date dog was sterilised:	
Sterilisation Certificate attached.	Yes No	Please note the refund will not be accepted unless sterilisation certificate is attached.
<b>Reason for refund request:</b> Death of a dog will not be accepted.	Dog is now sterilised, and sterilisation certificate is attached.	
Signed by Owner/Agent:	Date:	

### Owner/Agent Banking Details:

Account Name:	
BSB Number:	Account Number:

#### Office Use only:

Registration refund granted:	Yes	No
Reason Rejected:		
Amount refunded:	Invoice to Finance:	Yes No