

Request for Refund of Fees Dog Control 2024/25

Request for Refunds of Fees must be applied for within 3 months of your dog passing.

Owner's Name			
Owner's Address			
Owner's Phone			
Email Address			
Dog's Name		Month Dog Passed	
Tag Number			
Circumstances of Dog's Death <i>Please enter details do not leave blank</i>			
<p>You must provide with this form a copy of the account holders name and number, without this identification we are unable to process this form. We will accept:</p> <ul style="list-style-type: none"> • Bank deposit slips • Receipts from an ATM machine • Emailed screenshots of this information. 			
Signature		Date	

Office Use Only			
Received		Officer	
Fees Paid		DG Number	
GL Code 30300404		Refund Date	

REFUND CLAIMED				
Month of Registration	Working Dogs (\$)	Good Dog Owner (\$)	Non Working (\$)	Neutered/Spayed Non Working Dogs (\$)
July	50.00	73.00	155.00	104.00
August	46.00	67.00	142.00	95.00
September	42.00	61.00	129.00	87.00
October	37.50	55.00	116.00	78.00
November	33.00	49.00	103.00	69.00
December	29.00	43.00	90.00	61.00
January	25.00	36.50	77.50	52.00
February	21.00	30.00	65.00	43.00
March	17.00	24.00	52.00	35.00
April	12.50	18.00	39.00	26.00
May	8.00	12.00	26.00	17.00
June	No refunds are accepted in June			