


# Request for Refund of Fees

## Dog Control 2025/26

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>			
<b>Payment Details:</b> Bank account number: <i>(Proof is required – Please provide a bank deposit slip or a bank letter stating the bank account details. If neither is available, a screen capture of online banking please).</i> 			
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	55.00	75.00	160.00	105.00
August	50.00	69.00	147.00	96.00
September	46.00	63.00	133.00	88.00
October	41.00	56.00	120.00	79.00
November	37.00	50.00	107.00	70.00
December	32.00	44.00	93.00	61.00
January	27.00	38.00	80.00	53.00
February	23.00	31.00	67.00	44.00
March	18.00	25.00	53.00	35.00
April	14.00	19.00	40.00	26.00
May	9.00	13.00	27.00	18.00
June	No refunds are accepted in June			