



DISTRICT COUNCIL OF LOXTON WAIKERIE

Principal Office: 29 East Terrace, Loxton

Telephone (08) 8584 8000

Branch Office: Strangman Road, Waikerie

Telephone (08) 8541 0700

SUBSIDISED DE-SEXING SCHEME FOR CATS & DOGS

To be eligible for a de-sexing subsidy you must meet the below criteria:

1. The applicant and animal must reside in the District Council of Loxton Waikerie area and be registered on Dogs and Cats Online database (DACO).
2. Council has an approved budget line for the subsidised de-sexing scheme. Once funds are exhausted during the financial year, NO subsidises will be available.
3. Be the holder of a valid concession card.
4. Subsidy limited to two (2) animals per household.
5. An attached copy of the de-sexing receipt is required when submitting the application but the receipt must be NO older than 6 months old from the date the application is received by Council.

Applicant Details			
First Name:		Surname:	
Residential Address:			
Residential Suburb:		Postcode:	
Postal Address:			
Suburb:		Postcode:	
Contact Number:			
Email Address:			
Have you previously received assistance under this scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the following details:	Date: / /20	Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name of animal:
Details of animal			
Animal type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name:	
Breed:			
Colour:		Markings:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Approximate age:	
DACO Registration Number:		Date animal was de-sexed:	
Location of which the animal is kept?			
Please indicate what subsidy is being applied for?	<input type="checkbox"/> Male Dog (\$100) <input type="checkbox"/> Female Dog (\$150) <input type="checkbox"/> Cat (\$50)		
This Subsidised De-sexing Scheme does NOT include vaccination and microchipping.			
<u>A receipt from a registered vet must be attached to this document</u>			



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EVIDENCE OF ELEGIBILITY

A pensioner Concession Card issued by the Department of Social Security or the Department of Veteran Affairs

A Gold Card issued by the Department of Veteran Affairs

Health Care Card

Card Number:

Expiry Date:

Checked by Staff member that concession above is current?

Yes No

Bank details for reimbursement

Account Name:

Bank:

BSB:

Account Number:

**** All fields must be completed to be a valid application ****

I hereby declare that all details I have provided are true and correct. I have also attached a copy of the de-sexing certificate and will provide proof of eligibility:

Name: _____ Signature: _____

Date: / / 20__

Please submit application form and additional documents to:

Principal Office:

29 East Terrace Loxton

Phone: 8584 8000

Branch Office:

Strangman Road Waikerie

Phone: 8541 0700

District Council of Loxton Waikerie

PO Box 409

Loxton SA 5333

Email: council@lwdc.sa.gov.au

Office Use Only

Approved Refused

Creditor Number:

Name of assessing officer:

Title:

Signature:

Date: