# Subsidised Pet Sterilisation Program

## Expression of Interest Application Form

The Western Australian Government is committed to supporting responsible pet ownership and improving animal welfare outcomes across the State.

As part of ongoing implementation of the Stop Puppy Farming reforms, the State Government has allocated funding for a Subsidised Pet Sterilisation Program (the Program). The Program will support eligible organisations to provide subsidised sterilisation services for cats and dogs owned by eligible pet owners facing cost-of-living pressures.

The Program is intended to provide cost-of-living relief to eligible pet owners by reducing the cost of sterilisation. It aims to improve compliance with mandatory sterilisation requirements, support responsible pet ownership, and reduce the number of unwanted litters that can place pressure on animal shelters, rescue organisations and local governments. The Program parameters are based on the Government's approved funding commitment of $1.5 million over three years.

The Department of Local Government, Industry Regulation and Safety (LGIRS) will administer the Program on behalf of the Western Australian Government.

Applicants must read the Program guidelines before completing the form. Responses will be assessed against the eligibility requirements and assessment criteria in the guidelines.

Funding will be offered across three grant amounts. Applicants should apply for the highest grant amount for which they seek funding; however, following assessment by the review panel and approval by the Minister for Local Government, they may be awarded a lower amount than requested.

| **Available Grant amounts** |
|---|
| $250,000 |
| $100,000 |
| $50,000 |

Email completed applications to: **SPSP@lgirs.wa.gov.au**

Applications close: **27 November 2026**

Late applications will not be accepted.

For enquiries, please contact LGIRS via email: **SPSP@lgirs.wa.gov.au**

| 1. Applicant Details | |
|---|---|
| Organisation name: | |
| ABN: | |
| Business address: | |
| Postal address: | |
| Contact person: | |
| Phone: | |
| Email: | |
| **Highest grant amount applied for:** | $ |

| 2. Conflict of interest | | |
|---|---|---|
| If you believe there may be a conflict of interest that may influence, or be seen to influence, this application or the delivery of funded services, contact the Department of Local Government, Industry Regulation and Safety (LGIRS) – **SPSP@lgirs.wa.gov.au** before continuing with this application. Applicants must also notify LGIRS immediately if a conflict of interest arises at any stage of the program. | | |
| Do you, or anyone involved in this application, have an actual, potential or perceived conflict of interest? | ☐ Yes | ☐ No |
| If 'Yes', what type of conflict? | ☐ Actual<br>☐ Perceived<br>☐ Potential | |

| | |
|---|---|
| Identify the nature of the interest | ☐ Financial interest<br>☐ Personal/relationship interest<br>☐ Professional/employment interest<br>☐ Role-based conflict<br>☐ Other. Please describe |
| Description: | |

| **3. Organisation Eligibility** | |
|---|---|
| Describe how your organisation meets the eligibility requirements (WA operation, governance, financial management capability, access to veterinary practitioners). | |
| | |

| 4. Proposed Delivery Model | |
|---|---|
| Describe how the program will operate, including veterinary network arrangements, client referral pathways, and service locations. Please include details as to how eligible pet owners will be verified. | |
| | |

| 5. Criterion 1 – Cost and Value for Money | |
|---|---|
| Provide the proposed cost, or rate of subsidy, per sterilisation, administration costs and the proportion of funding expected to be directed toward sterilisation services. | |
| | |

| 6. Criterion 2 – Delivery reach and volume. | |
|---|---|
| Provide information to demonstrate the geographic reach of the sterilisation services to be delivered. Identify whether services will be delivered in metropolitan, regional and/or remote areas. | |
| | |
| Please include details of the number of cat and dog sterilisations expected to be performed. | |

| Item | Proposed Quantity | Proposed Cost |
|---|---|---|
| Dog sterilisations: | | |
| Cat sterilisations: | | |
| Administration: | | |
| Other: | | |
| Attach a detailed budget if required. | | |

| 7. Declaration | |
|---|---|
| I certify that the information provided is true and correct and that I am authorised to submit this application on behalf of the organisation. | |
| Name: | |
| Position: | |
| Signature: | |
| Date: | |

| 8. Attachment checklist | |
|---|---|
| Proof of incorporation/registration | |
| ABN evidence | |
| Budget | |
| Evidence of veterinary partnerships | |
| Other supporting documents | |