

NOTIFICATION OF EUTHANASED GREYHOUND



R106 Proper care (welfare) of greyhounds

- (3) At any time after the notification of the result of service pursuant to Rule 136, the last registered owner of the greyhound at the relevant time, shall notify the Controlling Body by lodging the prescribed form:
- (b) within two working days if that greyhound has been humanely euthanased by a veterinary surgeon or deceased. (amended – 01.09.15)
- (4) It shall be a requirement to include a veterinary certificate of euthanasia when lodging the appropriate form for any greyhound that has been euthanased by that veterinary surgeon.
- (5) An owner or person responsible at the relevant time who fails to comply with any provision of this rule shall be guilty of an offence and liable to a penalty in accordance with Rule 95. (amended 01.01.11)

****REGISTRATION CERTIFICATE/ID CARD OR NAMING FORM MUST BE RETURNED WITH THIS NOTICE****

DETAILS OF GREYHOUND

| | | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|
| Name of Greyhound | | | | | | | | | | | | | | |
| Whelping Date | | | | | | | | | Ear Brand | | | | | |
| Colour | | | | | | | | | Sex | | | | | |
| Microchip | | | | | | | | | | | | | | |

DETAILS OF PERSON PRESENTING GREYHOUND

By signing this form, I consent for the named Veterinary Practice to provide, upon request from GRSA, more information in relation to the said reasons for euthanasia

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|
| Name | | | | | | | | GRSA Licence No | | | | | |
| Address | | | | | | | | State | | | | | |
| Suburb | | | | | | | | Post Code | | | | | |
| Telephone Number/s | | | | | | | | | | | | | |
| Signature of Person Presenting Greyhound | | | | | | | | Date of Euthanasia | | | | | |

DETAILS OF LAST REGISTERED OWNER OF GREYHOUND

****Must be signed by last registered owner only***

*Where greyhound is owned by a syndicate, these details should be the manager of the syndicate. Write 'As Above' if same details are recorded above.

By signing this form, I consent for the named Veterinary Practice to provide, upon request from GRSA, more information in relation to the said reasons for euthanasia

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|
| Name | | | | | | | | GRSA Licence No | | | | | |
| Address | | | | | | | | State | | | | | |
| Suburb | | | | | | | | Post Code | | | | | |
| Telephone Number/s | | | | | | | | | | | | | |
| Signature of Current Owner / Syndicate Manager | | | | | | | | | | | | | |

PLEASE TURN OVER AND COMPLETE BACK OF FORM

DETAILS OF EUTHANASIA – Please circle relevant number and provide details below

| | |
|----------|---|
| 1 | <p><u>Deceased - Injury</u> Must provide Statutory Declaration with details</p> |
| 2 | <p><u>Deceased – Illness/age</u> Must provide Statutory Declaration with details</p> |
| 3 | <p><u>Euthanased - Injury</u> Must provide <u>veterinary certificate</u> with details of the injury</p> <p>Details of injury</p> <p>.....</p> <p>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</p> |
| 4 | <p><u>Euthanased – Illness/age</u> Must provide <u>veterinary certificate</u> with details of the illness</p> <p>Details of illness</p> <p>.....</p> <p>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</p> |
| 5 | <p><u>Euthanased – Unsuitable temperament for rehoming</u> Must provide evidence from GAP to support greyhound’s unsuitability for rehoming due to temperament</p> <p>Details</p> <p>.....</p> <p>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</p> |

NOTICE TO VETERINARIANS

GREYHOUND CERTIFICATE OR NAMING FORM **MUST** BE PRODUCED.
 EAR BRANDS AND MICROCHIP NUMBERS MUST BE VERIFIED BY VETERINARIAN OR AGENT BEFORE EUTHANASIA IS PERFORMED.

| | |
|--|--|
| Veterinarian’s Name <i>(Please Print)</i> | |
| Veterinarian’s Signature <i>(Please sign)</i> | |
| Date of Euthanasia | |
| Veterinary Clinic <i>*Please provide clinic stamp here</i> | |

OFFICE USE ONLY

| | | | | | |
|----------------------|--|---------------------|--|---------------------|--|
| Date Received | | Date Updated | | Processed By | |
|----------------------|--|---------------------|--|---------------------|--|

| | | | | | |
|--|--------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Registration ID | <input type="checkbox"/> Weight book | <input type="checkbox"/> Ozchase | <input type="checkbox"/> Data sheet | <input type="checkbox"/> SA track | <input type="checkbox"/> Scanned interstate |
|--|--------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|---|