

Application for Approval to Use Barking Muzzle on a Nominated Greyhound



Rule 30 of the *Greyhounds Australasia Rules* (effective 1 May 2022) provides –

30 Use of Barking Muzzles prohibited

- (1) For the purpose of this rule “Barking Muzzle” means a muzzle of such description or other gear, equipment, apparatus or device, which in the opinion of the Stewards, was designed or intended to be used, in a manner that prevents or limits barking by restricting the ability of a greyhound to open its mouth.
- (2) An offence is committed if a person uses a Barking Muzzle at any time, on any greyhound, unless:
- (a) in circumstances approved by a Controlling Body; or
- (b) used by a veterinarian for the sole purpose of examination or treatment.
- (3) A person who breaches subrule (2) of this rule may be penalised.

This Application is read in conjunction with the *Barking Muzzle Approval Policy* available at grsa.com.au. This is a three (3) page application, and all parts (unless excepted) must be completed.

PART A – THE APPLICANT

Applicant (Registered Person) Name	
Address of Applicant	

PART B – NOMINATED GREYHOUND

Greyhound (race) name	
Greyhound (kennel) name	
Whelp date	
Microchip	
Ear mark	Left / Right (circle)
DACO / Council registration	
Veterinarian (list all that apply)	

PART C – NOMINATED GREYHOUND LOCATION

Address of Greyhound			
Local Council area			
Are your kennels approved by Council?	Yes / No (circle)	Dogs allowed	

PART D – PROPOSED BARKING MUZZLE

I intend to (tick the option that applies) -

- Purchase a pre-Approved Barking Muzzle from a veterinarian (*you must confirm with the veterinarian that the Barking Muzzle is pre-approved, otherwise, the muzzle is deemed an existing muzzle*); or,
- Use an existing muzzle possessed by me that will be inspected by a Steward before use.

I apply for approval to use an Approved Barking Muzzle for the nominated Greyhound. I state my grounds for this over the page and I DECLARE this application to be true and correct.

I provide here my CONSENT AND AUTHORITY to release to the Controlling Body, by the veterinarian/s that hold/s records for the nominated Greyhound, to provide a copy of those records to the Controlling Body to assess the application. I am aware of my obligations under L77, *Local Rules 022* that the Controlling Body may require me to obtain records and disclose them to the Controlling Body.

Signate of Applicant (DD) / _____ (MM) / _____ (YY)

Please complete over the page /2

PART E – GROUNDS FOR APPLICATION

Please answer all questions and provide further details where necessary.

Question 1

<i>Is there a Control (Barking Dog) Order in force against the Greyhound?</i>	Yes / No (circle)	If yes, please <u>attach</u> a copy of the Order
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Question 2

<i>If there a local council requirement to use a Barking Muzzle</i>	Yes / No (circle)	If yes, please <u>attach</u> a copy of any supporting documentation that mandates use of Barking Muzzle
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Question 3

<i>Do you believe that the nominated Greyhound creates a noise, by barking, which persistently occurs or continues to such a degree or extent that it unreasonably interferes with the peace and comfort of another person? (Please also complete barking diary)</i>	
Yes / No (circle)	The grounds for my belief are as follows -
(Attach extra pages if needed)	

PART F – CORRECTIVE MEASURES (MUST COMPLETE IF YOU ANSWERED “YES” TO Q3)

Question 3a

<i>What do you believe the behaviour is that gives rise to the barking?</i>	
(Attach extra pages if needed)	

Question 3b

<i>What behavioural training have you applied to the Greyhound?</i>	
(Attach extra pages if needed)	

Question 4

<i>In the last 2-months, has the Greyhound received any veterinary treatment for any illness, injury, or behavioural condition?</i>	
(Attach extra pages if needed)	

Please complete over the page /3

PART G – 5-DAY BARKING DIARY (MUST COMPLETE IF YOU ANSWERED “YES” TO QUESTION 3)

Please complete for five (5) days (consecutively) with one (1) day per line.

Date	Time Started	Duration	Mealtime?	Trigger event? (e.g. other dogs, visitors)	Other details

PART H – APPLICATION ASSESSMENT (TO BE COMPLETED BY CONTROLLING BODY)

- APPLICATION ACCEPTED BUT NOT YET APPROVED – Please present your Barking Muzzle for inspection, certification (if required) and fitment of an approved identifying mark. YOUR APPLICATION IS NOT APPROVED UNTIL YOUR BARKING MUZZLE IS CERTIFIED BY A STEWARD.

Name of inspecting Steward			
Date		Certified?	Yes / No (circle)
Signature of inspecting Steward			
Barking Muzzle Identifying Mark			
For Nominated Greyhound			

[To Steward - -please return Barking Muzzle to Applicant and retain this form and forward to Animal Welfare Team]

- FURTHER INFORMATION REQUIRED –

- APPLICATION REFUSED – You are not permitted to use a Barking Muzzle under this application.

Name of Assessor			
Date		Reasons supplied?	Yes / No (circle)
Signature of Assessor			

[Note you have a right to review a decision to refuse your application. Please refer to the Barking Muzzle Approval Policy.]

PART I -RIGHT OF REVIEW (COMPLETE ONLY IF APPLICATION REFUSED)

I wish to REVIEW the original decision to REFUSE my application (please attach reasons on a separate document).

_____ (DD) / _____ (MM) / _____ (YY)
 Signate of Applicant

- ORIGINAL DECISION UPHELD – You are not permitted to use a Barking Muzzle under this application.

- ORIGINAL DECISION AMENDED – Please return to Part H of this application.

Name of Reviewer			
Date		Reasons supplied?	Yes / No (circle)
Signature of Reviewer			

PART J -APPROVAL (TO BE COMPLETED BY CONTROLLING BODY)

Date of final approval	
Barking Muzzle identifying mark	
For Greyhound	
Extra Conditions (attach to this application)	
Expiry (if not mandatory)	
Approval letter sent	
Entered by	