

TRACK INJURY REBATE SCHEME APPLICATION

PART A: DETAILS OF INJURY

BY ON-TRACK VETERINARIAN / GRSA OFFICIAL / CLUB MANAGER

TRACK		GREYHOUND NAME	
RACE DATE		MICROCHIP NO.	
RACE TYPE	RACE/TRIAL NO.	STAND DOWN	days
DESCRIPTION OF INJURY			
POST INJURY DIRECTION	For races, as directed by on track veterinarian (OTV) -		(Tick one)
	You must present this greyhound to a veterinary practice immediately for treatment;		<input type="checkbox"/>
	OR,		
	Injury stabilised and you must now present this greyhound to a veterinary clinic within one (1) day of the injury.		<input type="checkbox"/>
	(If no boxes checked, immediate presentation to a veterinary practice)		
NEXT DAY NOTIFICATION	For all trials		
	You must present this greyhound to a veterinary clinic immediately for treatment.		
	For any other post-race/trial injury – notification must be made to a GRSA official in writing or in person at 55 Cardigan St Angle Park. <u>(A phone call will not be accepted)</u>		<input type="checkbox"/>
You must provide the details of the person you notified below and have them sign to knowledge they received the notification.			
NAME		TITLE	
SIGNATURE		DATE	

PART B: DETAILS OF APPLICANT

NAME		LICENCE NO.	
EMAIL		PHONE	
LOCATION (ADDRESS) OF GREYHOUND WHEN RECOVERING			
NAME OF CUSTODIAN DURING RECOVERY			

I agree, by making this Application, to the above greyhound to be subject to veterinary treatment in accordance with the terms and conditions of the GRSA Track Injury Rebate Scheme.

SIGNATURE		DATE	
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PLEASE CONTINUE – VETERINARIAN TO COMPLETE PART C ON NEXT PAGE

PART C: VETERINARIAN DIAGNOSIS

NAME OF VET		REGISTRATION NO.	
PRACTICE NAME		ADDRESS OF PRACTICE	
PHONE	EMAIL		
GREYHOUND NAME		TREATMENT DATE	
WAS TREATMENT REQUIRED?		WAS SURGERY REQUIRED?	
RECOMMENDED RECOVERY PERIOD	weeks or months	RECOVERY ADVICE	

I, being a registered veterinarian, confirm that –

- (a) The greyhound identified in **Part A** was examined and treated by me and the injury/injuries identified, and the treatment provided are described in the **attached** veterinary treatment report; and,
- (b) The injury/injuries are consistent with –
 - (i) a race or trial; and,
 - (ii) the date of the injury; and,
- (c) I have read and understood the GRSA Track Injury Rebate Scheme (TIRS) Policy.

VET SIGNATURE	DATE
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Please submit -

1. Completed form; and,
2. Veterinary treatment report; and,
3. Tax invoice

to Greyhound Racing SA Limited (GRSA) -

- By email to animalwelfare@grsa.com.au; or,
- By post to GRSA (attn Animal Welfare), PO Box 2352, Regency Park SA 5942; or,
- In person to GRSA (Administration Office, attn Animal Welfare), 55 Cardigan St, Angle Park SA 5010.

If assistance is required with your application, please contact the Animal Welfare Team on 08 8243 7100 or email animalwelfare@grsa.com.au.

OFFICE USE ONLY			
RECEIVED BY	ON	FROM	