

TRACK INJURY REBATE SCHEME APPLICATION

PART A: DETAILS OF INJURY

BY ON-TRACK VETERINARIAN / GRSA OFFICIAL / CLUB MANAGER

TRACK			GREY	HOUN	D NAME		
RACE DATE			MICRO	OCHIP	NO.		
RACE TYPE		RACE/TRIAL NO.		STAN	D DOWN		days
DESCRIPTION OF INJURY							
	For races, as directed by on track veterinarian (OTV) - (Tick one					(Tick one)	
	You must present this greyhound to a veterinary practice immediately for treatment;						
	OR, Injury stabilised and you must now present this greyhound to a veterinary clinic within one (1) day of the injury. (If no boxes checked, immediate presentation to a veterinary practice) For all trials -						
POST INJURY DIRECTION							
						actice)	
	You must present this greyhound to a veterinary clinic immediately for treatment.						
NAME			TI	TLE			
SIGNATURE			D	ATE			

PART B: DETAILS OF APPLICANT

NAME		LICEN	ICE 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			REGISTRATIO	ON NO.		
PRACTICE NAME			ADDRESS OF PRACTICE			
PHONE		EMAIL				
GREYHOUND NAME			TREATMENT DATE			
WAS TREATMENT REQUIRED?			WAS SURGERY REQUIRED?			
RECOMMENDED RECOVERY PER		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.

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