

## 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](http://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 <b><i>attach</i></b> 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 <b><i>attach</i></b> 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 -
<b><i>(Attach</i></b> 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>	
<b><i>(Attach</i></b> extra pages if needed)	

**Question 3b**

<i>What behavioural training have you applied to the Greyhound?</i>	
<b><i>(Attach</i></b> 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>	
<b><i>(Attach</i></b> 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	