

GRSA FORM 106 D - NOTIFICATION OF DECEASED GREYHOUND

Rule 106, *Greyhounds Australasia Rules* - Proper care (welfare) of greyhounds

THIS FORM MUST BE SUBMITTED TO WITHIN TWO (2) WORKING DAYS OF DEATH TO AVOID A PENALTY

- In person to Greyhound Racing SA Limited, 55 Cardigan St, Angle Park
- By email to animalwelfare@grsa.com.au

(Note: post will not guarantee submission in the required timeframe)

REGISTRATION CERTIFICATE/ID CARD OR NAMING FORM MUST BE RETURNED TO GRSA AS SOON AS PRACTICABLE (E.G. IN PERSON OR POST) AND WITHIN TEN (10) WORKING DAYS OF DEATH
YOU MUST ANSWER ALL QUESTIONS TRUTHFULLY - WILFULLY SUPPLYING FALSE INFORMATION IS A BREACH OF RULE 86(d), *GREYHOUNDS AUSTRALASIA RULES*

PART A - DETAILS OF GREYHOUND

Race name		Kennel name	
Whelping Date		Ear Brand	
Colour		Sex (circle)	Bitch / Dog
Microchip	9	5	6 0 0 0 0

PART B - 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 death.

Name		Licence No	
Address		State	
Suburb		Post Code	
Telephone Number/s			
Signature of Current Owner/ Syndicate Manager		Date of death	

PART C - DETAILS OF DEATH – Please provide details below (add extra pages if needed)

Date of death		Time of death (if known)	
Location of death (address)			
Where was the deceased housed? E.g. kennels, yard, inside, outside etc.			
Weather E.g. Hot, cold, rainy etc.		Temperature where deceased was found E.g. Hot, warm, cold, cool etc.	

PART D - RESPONSIBLE PERSON – Please provide details below

Deceased greyhound last seen alive by:

Full name		Relationship to deceased	
Date last seen alive		Time last seen alive	

Deceased greyhound found by:

Full name		Relationship to deceased	
Date found		Time found	

PLEASE TURN OVER AND COMPLETE BACK OF FORM

PART E - MEDICAL INFORMATION– Please circle and provide details below (add extra pages if needed)

Was the deceased recently treated by a veterinarian?	Yes/No (if yes – provide details of reason for treatment and which veterinarian performed treatment)
Did the deceased receive any medications in the week leading up to death?	Yes/No (if yes – provide details)
Has the deceased had a known or suspected illness recently?	Yes/No (if yes – provide details)
Has the deceased had a known or suspected injury recently? If so how did this occur?	Yes/No (if yes – was the injury sustained at a – race, trial, other ((provide details))
Did the deceased show any changes in behaviour over last 48-72 hours leading up to death?	Yes/No (if yes – provide details)
When was the deceased last fed? Include who fed the deceased, date/time of feed and what food was provided	

PART F - BODY– Please circle and provide details below (add extra pages if needed)

Were there any relevant characteristics about the body when found? E.g. cold, bloated	Yes/No (if yes – provide details)
Was there any discharge around the mouth (blood/froth)?	Yes/No (if yes – provide details)
Was there any debris/object in mouth?	Yes/No (if yes – provide details)
Where is the body? E.g. cremated, buried on property	Provide details

This Declaration must be signed by responsible person (can include owner).

THE INFORMATION PROVIDED BY ME, _____ (FULL NAME) ON _____ (DATE) IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I MAKE THIS KNOWING THAT PROVIDING FALSE OR MISLEADING STATEMENTS IS AN OFFENCE UNDER THE RULES OF GREYHOUND RACING FOR GREYHOUND RACING SA LIMITED.

SIGNATURE: _____

OFFICE USE ONLY

Date Received		Date Updated		Processed By	
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Registration ID
 Weight book
 Ozchase
 Data sheet
 SA track
 Scanned interstate

1	<u>Deceased - Injury</u>
2	<u>Deceased - Illness/age</u>