

GRSA FORM 106 E - NOTIFICATION OF EUTHANASED GREYHOUND



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

Rule 114, *Local Regulatory Rules* – Greyhound rehoming obligations

THIS FORM MUST BE SUBMITTED TO WITHIN TWO (2) WORKING DAYS OF EUTHANASIA 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 EUTHANASIA
 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 <i>(circle)</i>	Bitch / Dog								
Microchip	9	5	6	0	0	0	0										
GAP SA Assessed? <i>(circle)</i>	Yes		No (see Local Regulatory Rule 114)							N/A (see Local Regulatory Rule 114)							

PART B - DETAILS OF RESPONSIBLE PERSON

Declaration at end of Part D must be signed by responsible person (can include owner). 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 euthanasia

Name								GRSA Licence No							
Address								State							
Suburb								Post Code							
Telephone Number/s															
Signature of Person Presenting Greyhound								Date of Euthanasia							

PART C - 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 euthanasia

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

PLEASE TURN OVER AND COMPLETE BACK OF FORM

PART – D - DETAILS OF EUTHANASIA – Please circle relevant number & go to Part E

YOU MUST COMPLY WITH RULE 114, LOCAL REGULATORY RULES – GREYHOUND REHOMING OBLIGATIONS

3	<p><u>Euthanased - Injury</u> - <i>Veterinarian must complete veterinary certificate below</i></p> <p>Details of injury _____</p> <p>How/Where did injury occur _____</p> <p><i>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</i></p>
4	<p><u>Euthanased – Illness/age</u> - <i>Veterinarian must complete veterinary certificate below</i></p> <p>Details of illness _____</p> <p><i>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</i></p>
5	<p><u>Euthanased – Unsuitable temperament for rehoming</u> - <i>Veterinarian must complete veterinary certificate below</i></p> <p><i>GRSA may require further information from the Veterinarian and/or a Statutory Declaration.</i></p>

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: _____

PART – E - VETERINARY CERTIFICATE

****Must be completed by veterinarian only****

GREYHOUND CERTIFICATE OR NAMING FORM **MUST** BE PRODUCED.

EAR BRANDS AND MICROCHIP NUMBERS MUST BE VERIFIED BY VETERINARIAN OR AGENT BEFORE EUTHANASIA IS PERFORMED.

Microchip	9	5	6	0	0	0	0								
Ear brand				Sex (circle)	Bitch / Dog		Colour								

I, Dr _____ (Veterinarian's name) of Veterinary clinic

_____ as a veterinarian registered with the Veterinary Surgeons Board of South Australia certify that, I have euthanased the greyhound identified above on

_____ (date of euthanasia) as in my opinion this was the most reasonable and practical option for the welfare of the greyhound.

Detailed description of injury/illness that resulted in euthanasia (attach extra page/s as needed):

Signature _____ Date _____

OFFICE USE ONLY

Date Received		Date Updated		Processed By	
----------------------	--	---------------------	--	---------------------	--

Registration ID
 Weight book
 Ozchase
 Data sheet
 SA track
 Scanned interstate

3	<u>Euthanased - Injury</u>	LR114 compliant? Yes / No (& for Inquiry)
4	<u>Euthanased - Illness/age</u>	LR114 compliant? Yes / No (& for Inquiry)
5	<u>Euthanased - Unsuitable temperament for rehoming</u>	LR114 compliant? Yes / No (& for Inquiry)