



TREATMENT RECORD REGISTER

This treatment Record register belongs to:

(Trainer)

of:

Kennel Address

The aim of this treatment record register is to assist registered persons to meet the requirements of GAR 84A - Treatment Records.

Participants should ensure they are aware of all Greyhound Racing Rules including any updates which are available online at www.gwic.nsw.gov.au

Head Office: Level 1, 230 Howick Street,
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Email: registration@gwic.nsw.gov.au

GAR 84A Treatment Records

1. The person in charge of a greyhound must keep and retain records detailing all vaccinations, antiparasitics and medical treatments administered to a greyhound from the time the greyhound enters their care until the greyhound leaves their care and for a minimum of two (2) years. Such record of treatment must be produced for inspection when requested by a Steward or a person authorised by the Controlling Body. Any person responsible for a greyhound at the relevant time who fails to comply with any provision of this rule shall be guilty of an offence.
2. Each record of treatment kept in accordance with this rule must be made by midnight on the day on which the treatment was given and, as a minimum requirement, include the following information:
 - a. Name of the greyhound;
 - b. Date and time of administration of the treatment;
 - c. Name of the treatment (brand name or active constituent);
 - d. Route of administration;
 - e. Amount given;
 - f. Name and signature of person or persons administering and/or authorising treatment. For the purposes of sub-rule (2), “day” means the 24-hour period from 12:01am to 12 midnight on any calendar day.
3. For the purposes of this Rule, “treatment” includes:
 - a. All Controlled Drugs (Schedule 8) administered by a veterinarian;
 - b. All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4);
 - c. Any injectable substance not already specified in this Rule;
 - d. All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;
 - e. All veterinary and other substances containing other scheduled and unscheduled prohibited substances.
4. It shall be an offence:
 - a. For any person to administer or allow to be administered to any greyhound, any Permanently Banned Prohibited Substance referred to in GAR79A
 - b. For any person other than a Veterinary Surgeon to prescribe, administer or allow to be administered to any greyhound, any Schedule 4 or Schedule 8 substance listed in the Standard for the Uniform Scheduling of Medicines and Poisons contained in the Australian Poisons Standard, as amended from time to time.
 - c. Sub rule (4) (b) shall not apply where a prescription for the substance was issued by a Veterinary Surgeon who prescribed the substance for the greyhound after personally examining that greyhound.

Common Acronyms

Route of Administration

- SC – subcutaneous (under the skin)
- IM – intramuscular (into the muscle)
- IV – intravenous (into the vein)
- PO – oral administration (by mouth)
- IA – intra-articular (into the joint)
- TOP – topical (on the surface e.g. skin, eye)

Treatment Frequency

- SID – once per day
- BID – twice per day
- TID – three times per day
- QID – four times per day
- EOD – every other day



Medication Strength

- mg – milligrams
- mL – millilitres
- µg – micrograms
- Medication Form
- tab – tablet
- inj – injection

Vaccination Type

- C3 – canine parvovirus, distemper and hepatitis
- C4 – C3 + canine parainfluenza (kennel cough)
- C5 – C4 +bordetella bronchiseptica (kennel cough)
- 2i – canine coronavirus and leptospirosis

| Record of Purchase of All Treatments | | | | |
|--------------------------------------|-------------------------|------------------|-------------------------|-----------------|
| Date purchased | Treatment | Volume/Treatment | Purchased/Supplied by | Discard Date |
| e.g. 01/07/2017 | E.g. Pentosan Injection | E.g. 20ml Bottle | E.g. Belmore Vet Clinic | E.g. 01/09/2017 |
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| Treatment Records | | | | Greyhound Kennel Name: Earbrand: | |
|--------------------------|-------------------------------|---------------------------------|---------------------|---|---|
| Date of Treatment | Treatment Administered | Method of Administration | Amount Given | Name and signature of Person Administering | Name of Person Authorising Treatment |
| e.g. 21/02/2013 | e.g. Oestrotain | e.g. PO | e.g. 1 tab SID | e.g. Trainer name and signature | e.g. Vet name |
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