

EUTHANASIA OF GREYHOUND NOTIFICATION FORM



Owner's name

Person presenting greyhound

Greyhound name

Microchip number

Sex

 Female Male

Colour

Ear brand

Age

Option 1: Medical euthanasia

I, as a registered veterinarian, certify that the greyhound identified above was humanely euthanased because it was suffering from an intractable condition or injury that causes significant pain or discomfort, or a marked reduction in quality of life.

Please tick one option below and provide details:

Illness (describe below)

Details

Injury (describe below)

Details

Option 2: Owner's request

I, as a registered veterinarian, certify that the greyhound identified above was humanely euthanased at the owner's request for the following stated reason:

Date of euthanasia

 / / 2 0

Vet name

Vet clinic

Date of certification

 / / 2 0

Vet signature

Vet reg no.



Please submit this completed form to GWIC:

- By email to registration@gwic.nsw.gov.au (applications lodged by email must be paid by credit card)
- By post addressed to: GWIC, PO Box 718, Bathurst NSW 2975
- In person at: Greyhound Welfare and Integrity Commission, Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact GWIC Customer Service team on 1800 951 755 or email registration@gwic.nsw.gov.au.