

## Euthanasia of greyhound veterinary certification



A greyhound owner or custodian who presents a greyhound to a veterinary practitioner for euthanasia due to injury or illness or following its assessment as unsuitable for rehoming, declared a dangerous/menacing dog or has attacked/bitten a person as permitted under the Rehoming Policy must have the euthanasia certified by the veterinary practitioner as provided for in this form.

This form is issued under clause 10 of the Greyhound Racing Regulation 2019 which requires a greyhound racing industry participant to notify GWIC of specified information relating to greyhounds.

This form must be lodged with 2 days from the date that a greyhound is euthanased.

Owner/custodian details:				
GWIC Registration number:				
Name:				
Phone number/s:				
Address:				
Suburb:	State:	Postcode:		
Signature:		Date (dd/mm/yyyy):		
Greyhound details:				
Greyhound name:		Sex (male or female):		
Microchip number:		GWIC ear tattoo:		
Age:	Colour:			
If medically euthanased du	ue to injury	•		
Date when injury was sustained (dd/mm/yyyy):				
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Address where injury was sustained:				
	n injury:			
	n injury:			
	n injury:			



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Medical euthanasia - injury



## Veterinarian practioner to complete

OR

Medical euthanasia - illness

This greyhound was suffering from an intractable illness/injury in quality of life, such that is inhumane or would otherwise con Please ensure proof of medical attention is provided with this f	
Declared dangerous/menacing dog	
Where the greyhound must be euthanased to comply with a comenancing dog under section 34 of the Companion Animals adeclaration is provided with this form.	court order, or the greyhound has been declared a dangerous of Act 1998. <u>Please ensure the court order/dangerous dog</u>
Known risk to people	
Where a registered greyhound has attacked or bitten a perso behavioural exception may not apply if the greyhound has be	
Failed a temperament assessment to determine su	itability to be rehomed as a pet
person, who is approved by GWIC to temperament assess	ment assessment by a registered veterinary practitioner or othe greyhounds for rehoming suitability, which has concluded the In towards people or other animals that makes it unsuitable to apperament Assessment Report is provided with this form.
Please provide detail:	
Date of euthanasia (dd/mm/yyyy):	
Veterinary hospital:	Registration number:
First name:	Surname:
	Date (dd/mm/yyyy):

By post: PO Box 718, Bathurst, NSW, 2795

Email: registration@gwic.nsw.gov.au

If assistance is required with this application, please contact our Registration Team on 13 49 42 (13 GWIC)

Please submit this completed form to GWIC with 2 days of the date of euthanasia by either:

In person: Level 1, 230 Howick Street, Bathurst, NSW