



# Greyhound vaccination certificate



## Details:

Owner/trainer name: \_\_\_\_\_

Greyhound name: \_\_\_\_\_

Sex (male/female): \_\_\_\_\_ Colour: \_\_\_\_\_

Microchip number: \_\_\_\_\_ Whelp date (dd/mm/yyyy): \_\_\_\_\_

## Veterinary clinic details:

Name of clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Vet name: \_\_\_\_\_ Vet board reg #: \_\_\_\_\_

Date of vaccination (dd/mm/yyyy): \_\_\_\_\_

I, as a registered veterinarian, certify that upon consideration of the full vaccination history of the greyhound identified above, the greyhound is vaccinated to a C5 level and will remain current for 12 months from the date of the vaccination.

(Signature): \_\_\_\_\_

## Insert vaccination stickers here:

This completed form must be provided to GWIC by either:



Email: [registration@gwic.nsw.gov.au](mailto:registration@gwic.nsw.gov.au)



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



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

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