



Greyhound death notification



This form is to be used to notify of a greyhound death by illness, injury or unknown causes. This form **must not** be used for a veterinarian euthanasia. It must be provided to GWIC within 2 days of the death.

Owner/custodian details:

Name: _____

GWIC Registration number: _____ Phone number/s: _____

Signature: _____ Date (dd/mm/yyyy): _____

Greyhound details:

Greyhound name (if named): _____

Sex (dog/bitch): _____ Colour: _____ Age: _____

Microchip number: _____ GWIC ear tattoo: _____

Greyhound's sire: _____ Greyhound's dam: _____

Death details

When completing this part, locate the relevant cause of death (section A, B, C, D or E) and then select only one reason under that section.

Date of death (dd/mm/yyyy): _____

A) Illness:

- | | |
|---|---|
| <input type="checkbox"/> Cancer or tumour | <input type="checkbox"/> Bloat / twisted bowel / GDV |
| <input type="checkbox"/> Organ failure (heart, kidney liver) | <input type="checkbox"/> Neurological condition, including seizures |
| <input type="checkbox"/> Illness caused by bacteria or virus | <input type="checkbox"/> Complications from insemination, pregnancy or whelping |
| <input type="checkbox"/> Internal parasites (gastrointestinal worms, heartworm) | |
| <input type="checkbox"/> Other (Please provide details): _____ | |

(Options continue next page)



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B) Accident or Injury:

- | | |
|---|--|
| <input type="checkbox"/> During free play / running | <input type="checkbox"/> Training on private land |
| <input type="checkbox"/> Road / vehicle accident | <input type="checkbox"/> Dog fight / attack |
| <input type="checkbox"/> Snake bite | <input type="checkbox"/> During / after surgery or other treatment |
| <input type="checkbox"/> Spider bite | <input type="checkbox"/> Tick paralysis |
| <input type="checkbox"/> At a trial track (Please provide more details below) | |

Name of trial track where injury occurred: _____

Date on which injury occurred: _____

Other (Please provide details): _____

C) Race Track Injury:

- Race Track Injury (Please select one of the three options below and fill in the further details):
- Injury in a race
 - Injury in an official trial / stewards trial
 - In a club trial

Name of track where injury occurred: _____

Date on which injury occurred: _____

Please describe circumstances of injury and type of injury: _____

Did the death happen:

- At track Away from track

D) Unknown Causes:

E) Age related condition:



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Circumstances of death:

Please provide as much detail to outline the circumstances surrounding this death as possible.

Custodian at time of death: _____

Location at time of death: _____

Circumstances of death: _____

Disposal of body: _____

Veterinarian Consultation:

Did you consult a Veterinarian to determine the cause of death:

No Yes

If you have a veterinarian certificate or record of greyhound death, please include it with this notification.

Name of Veterinarian: _____

Veterinary clinic: _____

Clinic address: _____

This completed form must be provided to GWIC within **2 days** of the death by either:

 Email: 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)