



Department of Natural Resources and Environment Tasmania
Office of Racing Integrity

Prospect Government Offices, 171 Westbury Road, Prospect 7250
All mail addressed to: PO Box 1329, Launceston 7250
Telephone: (03) 6777 1900 Fax: (03) 6777 5148
Email: operations@racingintegrity.tas.gov.au



X = SIGNATURE REQUIRED. To apply a digital signature to this form either:
(1) Use the "Sign Document" tool OR (2) Select "Fill & Sign" from the menu.

Greyhound deceased notification

This form is to be completed when a greyhound has been found deceased.

The greyhounds ID card or Naming Application Form MUST be returned with this notification.

L22.15(a) The owner or person responsible for the greyhound must notify the Director before the close of business on the next working day of the death and seek permission to dispose of the body of the deceased greyhound.

L22.15(b) Upon notification in accordance with L22.15(a) the Director may direct the owner or person responsible for the greyhound to provide the body of the deceased greyhound for inspection and/or to release the body to allow a necropsy to be performed by a registered veterinarian.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Greyhound details

NAME OF GREYHOUND:	EAR BRAND:	COLOUR:	SEX:	LAST RACE DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MICROCHIP NO.	GREYHOUND'S SIRE:	GREYHOUND'S DAM:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Does this Greyhound have any pending Nominations and/or Engagements: Yes No

Owner details

FULL NAME/S:	LICENCE NUMBER:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Deceased details

PERSON RESPONSIBLE:*	LICENCE NUMBER:	PHONE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

LOCATION OF GREYHOUND AT THE TIME OF DEATH:

How did the greyhound die? (Select relevant option) Accidental death Illness Natural causes Age

PLEASE PROVIDE DETAILS BELOW:

*Person Responsible is the person who had the greyhound in their possession at the time of its death.

Notified to the Office of Racing Integrity

PERSON CONTACTED AT ORI:	AUTHORITY GRANTED TO DISPOSE OF THE BODY GIVEN BY:	DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsible person declaration

NAME:	SIGNATURE:	DATE:
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

Owner's declaration

By signing below, I declare that the information provided by/to me in relation to the circumstances around the death of the greyhound on this form are true and correct.

NAME:	SIGNATURE:	DATE:
<input type="text"/>	<input type="text" value="X"/>	<input type="text"/>

**The greyhounds ID card or Naming Application Form MUST be returned with this notification.
If completing electronically please post ID card to PO Box 1329 Launceston TAS 7250.**

 Please attach ID card in the section provided below.

Personal Information Protection Statement

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

OFFICE USE ONLY

DATE RECEIVED:	DATE APPROVED:	APPROVED BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>