

# Office of Racing Integrity

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## 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:		Microchip No.		
Colour:		Sex:	Male	Female
Greyhound's Sire:				
Greyhound's Dam:				
Last Race Date:				
Does this Greyhound have any pending Nominations and/or Engagements:		Yes	No	

OWNER DETAILS			
Full Name/s:			
Licence Number:		Phone:	

DECEASED DETAILS			
Person Responsible*:			
Licence Number:		Phone:	
Location of greyhound at the time of death:			
How did the greyhound die? (Please circle the relevant option)			
Accidental	Illness	Natural	Age
Please provide details below:			

## DECEASED DETAILS CONTINUED

Please provide details below (Continued):


## NOTIFIED TO THE OFFICE OF RACING INTEGRITY

Person Contacted at ORI:			
Authority granted to dispose of the body was given by:		Date:	/   /

## RESPONSIBLE PERSON DECLARATION

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

Name:			
Signature:		Date:	/   /

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

## 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:	/   /

## OFFICE USE ONLY

Checked By:		Date:	/   /
Processed By:		Date:	/   /

The greyhounds ID card or Naming Application Form **MUST** be returned with this notification.  
Please attached ID card below in the section provided.

PLACE CARD HERE