

Office of Racing Integrity

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GREYHOUND EUTHANASIA CERTIFICATE

(This form is to be completed when a greyhound has been euthanased)

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

L22.11 Euthanasia If a greyhound is required to be euthanased, the only acceptable method of euthanasia is by an overdose of barbiturate administered by a veterinarian.

For further rules in relation to the welfare and euthanasia of greyhounds please refer to Part 4 of the Tasmanian Rules available at: <https://nre.tas.gov.au/racing/greyhound-racing/rules-and-policies-greyhound>

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:	

REASON FOR EUTHANASIA				
Has ORI given permission for euthanasia to be performed:		Yes	No	
Why was euthanasia performed? (Please circle the relevant option) <i>Please note that if the euthanasia was for Behavioral or Other, supporting documentation such as a behavioral assessment or court order must be supply</i>				
Injury	Illness	Age	Behavioral	Other
**Did the injury occur at a private location or at a registered track:			Private	Registered Track
Address:				
Please provide details below:				

REASON FOR EUTHANASIA CONTINUED				
Was it an Emergency Euthanasia:			Yes	No
Who performed the Euthanasia:		Veterinarian	Other*	
*If Other please provide details below: (Please attached a copy of the persons firearms license)				
Full Name:				
Why was the Euthanasia not performed by a Veterinarian:				
Has ORI been notified:		Yes	No	Date Notified: / /
Name of Person notified:				
PERSON RESPONSIBLE FOR EUTHANASIA IF OTHER				
<i>By signing below, I declare that the information provided by me in relation to the circumstances around the euthanasia of the greyhound on this form are true and correct and that I humanely euthanased the greyhound under the provisions of L22.12.</i>				
Name:				
Signature:				Date: / /

VETERINARIAN'S DECLARATION				
I declare that BEFORE euthanasia was performed either myself or my agent identified the greyhound referred to on this form by reference to the Ear Tattoos and/or Microchip Numbers shown on the Identification Card or Naming Application Form. I further declare that if necessary all other relevant paperwork and the written permission of the owner of the greyhound has been sighted prior to euthanasia.				
Veterinarian's Name:				
Veterinary Clinic:				
Veterinarian's Signature:				Date: / /

RESPONSIBLE PERSON DECLARATION				
<i>By signing below, I declare that the information provided by me in relation to the circumstances around the euthanasia of the greyhound on this form are true and correct.</i>				
Name:				
Signature:				Date: / /

OWNER'S DECLARATION				
<i>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.</i>				
Name:				
Signature:				Date: / /

OFFICE USE ONLY				
Checked By:				Date: / /
Processed By:				Date: / /