

Office of Racing Integrity

All mail addressed to: PO Box 1329, Launceston 7250

Street Address: Prospect Government Offices, 171 Westbury Road, Prospect 7250

Telephone: (03) 6777 1900 Fax: (03) 6777 5148 Email: operations@racingintegrity.tas.gov.au



Tasmanian
Government

GREYHOUND KENNEL / TRAINER NOTIFICATION

Lodge this form when **ANY** Greyhound (Named or Unnamed) arrives at a Registered Person's Property

Please refer to NATIONAL RULE 34 & LOCAL RULES 34 & 75B when completing this form.

GREYHOUND(S) TO BE INCLUDED IN KENNEL			
Please ensure all relevant Prize Money Split / Payment forms have been submitted			
NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF ARRIVAL:	/ /
REASON FOR POSSESSION (please tick)	<input type="checkbox"/> WHELPING	<input type="checkbox"/> REARING	
	<input type="checkbox"/> PRE-TRAINING	<input type="checkbox"/> TRAINING	
	<input type="checkbox"/> OTHER (please specify)		
WHO GAVE YOU THE GREYHOUND?	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
WHAT IS THEIR NAME?			
<hr/>			
NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF ARRIVAL:	/ /
REASON FOR POSSESSION (please tick)	<input type="checkbox"/> WHELPING	<input type="checkbox"/> REARING	
	<input type="checkbox"/> PRE-TRAINING	<input type="checkbox"/> TRAINING	
	<input type="checkbox"/> OTHER (please specify)		
WHO GAVE YOU THE GREYHOUND?	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
WHAT IS THEIR NAME?			
<hr/>			
NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF ARRIVAL:	/ /
REASON FOR POSSESSION (please tick)	<input type="checkbox"/> WHELPING	<input type="checkbox"/> REARING	
	<input type="checkbox"/> PRE-TRAINING	<input type="checkbox"/> TRAINING	
	<input type="checkbox"/> OTHER (please specify)		
WHO GAVE YOU THE GREYHOUND?	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
WHAT IS THEIR NAME?			

NAME OF TRAINER/ REGISTERED PERSON			
SIGNATURE:	LICENCE NUMBER:		
	DATE:	/ /	

BY SIGNING ABOVE I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT IN THAT I HAVE **TAKEN CONTROL OF** THE CARE OF THE GREYHOUND/S SHOWN ON THIS FORM.

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GREYHOUND KENNEL / TRAINER NOTIFICATION

Lodge this form when **ANY** Greyhound (Named or Unnamed) **departs a Registered Person's Property**

Please refer to NATIONAL RULE 34 & LOCAL RULES 34 & 75B when completing this form.

GREYHOUND(S) TO BE REMOVED FROM KENNEL

NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF DEPARTURE:	/ /
REASON LEAVING YOUR CARE: <i>(If retired or deceased – notification form must be lodged by owner)</i>	<input type="checkbox"/> CHANGE OF TRAINER	<input type="checkbox"/> RETURN TO OWNER	
	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DECEASED	
	<input type="checkbox"/> OTHER <i>(please specify)</i>		
WHO ARE YOU GIVING THE GREYHOUND TO? <i>(if applicable)</i>	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
	NAME:		
	ADDRESS:		
NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF DEPARTURE:	/ /
REASON LEAVING YOUR CARE: <i>(If retired or deceased – notification form must be lodged by owner)</i>	<input type="checkbox"/> CHANGE OF TRAINER	<input type="checkbox"/> RETURN TO OWNER	
	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DECEASED	
	<input type="checkbox"/> OTHER <i>(PLEASE SPECIFY)</i>		
WHO ARE YOU GIVING THE GREYHOUND TO? <i>(if applicable)</i>	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
	NAME:		
	ADDRESS:		
NAME OR BREEDING OF GREYHOUND:			
EARBRAND:		DATE OF DEPARTURE:	/ /
REASON LEAVING YOUR CARE: <i>(If retired or deceased – notification form must be lodged by owner)</i>	<input type="checkbox"/> CHANGE OF TRAINER	<input type="checkbox"/> RETURN TO OWNER	
	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DECEASED	
	<input type="checkbox"/> OTHER <i>(PLEASE SPECIFY)</i>		
WHO ARE YOU GIVING THE GREYHOUND TO? <i>(if applicable)</i>	<input type="checkbox"/> OWNER	<input type="checkbox"/> TRAINER	<input type="checkbox"/> OTHER
	NAME:		
	ADDRESS:		

NAME OF TRAINER/ REGISTERED PERSON			
SIGNATURE:		LICENCE NUMBER:	
		DATE:	/ /

BY SIGNING ABOVE I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT IN THAT I HAVE **RELINQUISHED** THE CARE OF THE GREYHOUND/S SHOWN ON THIS FORM.