




Department of Natural Resources and Environment Tasmania

## Office of Racing Integrity

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**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 permission to euthanase

## To be used when requesting to have a greyhound euthanased.

L22.2 An owner must make application to the Director using the approved form, requesting permission to euthanase a greyhound. For the avoidance of doubt, an application under this sub-rule can only be lodged after the requirements of L22.5 have been met.

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

### 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"/> |

Has a wind-down notification been received and accepted by ORI:  Yes  No

Have you attached a copy of your daily efforts to re-educate this greyhound:  Yes  No

### Owner details

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

### Rehoming attempts:

Please provide all details required in relation to your attempts to rehome the above greyhound.

#### 1. Greyhound Adoption Program (GAP)

|                      |                      |                       |                      |
|----------------------|----------------------|-----------------------|----------------------|
| PERSON CONTACTED:    | PHONE NUMBER:        | HOW WAS CONTACT MADE: | DATE CONTACTED:      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> |

#### 2. 3rd Party as a Pet

##### 1st Attempt

|                      |                      |                       |                      |
|----------------------|----------------------|-----------------------|----------------------|
| PERSON CONTACTED:    | PHONE NUMBER:        | HOW WAS CONTACT MADE: | DATE CONTACTED:      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> |

##### 2nd Attempt

|                      |                      |                       |                      |
|----------------------|----------------------|-----------------------|----------------------|
| PERSON CONTACTED:    | PHONE NUMBER:        | HOW WAS CONTACT MADE: | DATE CONTACTED:      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>  | <input type="text"/> |

#### 3. Other adoption agency

|                      |                      |
|----------------------|----------------------|
| AGENCY CONTACTED:    | PERSON CONTACTED:    |
| <input type="text"/> | <input type="text"/> |

|                       |                      |                      |
|-----------------------|----------------------|----------------------|
| HOW WAS CONTACT MADE: | AGENCY'S PHONE NO:   | DATE CONTACTED:      |
| <input type="text"/>  | <input type="text"/> | <input type="text"/> |

# Greyhound permission to euthanase

## Responsible Person Declaration

By signing below, I declare that the information provided on this form is true and correct and that I was responsible for this greyhound and ensure that the it was not engaged in any racing related activity and made all possible efforts in relation to socializing the greyhound under L22.5(i)(a) and (b) during the 'Wind-down Period'.

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

## Owner's Declaration

By signing below, I declare that the information provided on this form is true and correct, including the information provided in regards to the attempts made to re-home this greyhound.

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

## 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

|                      |                      |                         |                      |                      |                      |                        |                      |
|----------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| CHECKED BY:          | DATE:                | PERMISSION APPROVED BY: | DATE:                | PROCESSED BY:        | DATE:                | APPLICANT NOTIFIED BY: | DATE:                |
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> |