



Greyhound vaccination certificate



Details:

Owner/trainer name: _____

Greyhound name: _____

Sex (male/female): _____ Colour: _____

Microchip number: _____ Whelp date (dd/mm/yyyy): _____

Veterinary clinic details:

Name of clinic: _____

Address: _____

Vet name: _____ Vet board reg #: _____

Date of vaccination (dd/mm/yyyy): _____

I, as a registered veterinarian, certify that upon consideration of the full vaccination history of the greyhound identified above, the greyhound is vaccinated to a C5 level and will remain current for 12 months from the date of the vaccination.

(Signature): _____

Insert vaccination stickers here:

This completed form must be provided to GWIC by either:



Email: registration@gwic.nsw.gov.au



In person: Level 1, 230 Howick Street, Bathurst, NSW



By post: PO Box 178, Bathurst, NSW, 2795

If assistance is required with this application, please contact our Registration Team on 13 49 42 (13 GWIC)