

Euthanasia of greyhound veterinary certification



A greyhound owner or custodian who presents a greyhound to a veterinary practitioner for euthanasia due to injury or illness or following its assessment as unsuitable for rehoming, declared a dangerous/menacing dog or has attacked/bitten a person as permitted under the Rehoming Policy must have the euthanasia certified by the veterinary practitioner as provided for in this form.

This form is issued under clause 10 of the Greyhound Racing Regulation 2019 which requires a greyhound racing industry participant to notify GWIC of specified information relating to greyhounds.

This form must be lodged with 2 days from the date that a greyhound is euthanased.

GWIC Registration number:		
Phone number/s:		
State:	Postcode:	
	Date (dd/mm/yyyy):	
	Sex (male or female):	
G	WIC ear tattoo:	
Colour:		
ue to injury:		
n/yyyy):		
	State:	State: Postcode: Date (dd/mm/yyyy): Sex (male or female): GWIC ear tattoo: Colour:



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Medical euthanasia - injury



Veterinarian practioner to complete

OR

Medical euthanasia - illness

This greyhound was suffering from an intractable illness/injury to in quality of life, such that is inhumane or would otherwise come Please ensure proof of medical attention is provided with this for	
Declared dangerous/menacing dog	
Where the greyhound must be euthanased to comply with a companion and good under section 34 of the Companion Animals A declaration is provided with this form.	ourt order, or the greyhound has been declared a dangerous or Act 1998. <u>Please ensure the court order/dangerous dog</u>
Known risk to people	
Where a registered greyhound has attacked or bitten a persor behavioural exception may not apply if the greyhound has be	
Failed a temperament assessment to determine sui	tability to be rehomed as a pet
person, who is approved by GWIC to temperament assess	ment assessment by a registered veterinary practitioner or other greyhounds for rehoming suitability, which has concluded the n towards people or other animals that makes it unsuitable to perament Assessment Report is provided with this form.
Date of euthanasia (dd/mm/yyyy):	
Veterinary hospital:	Registration number:
First name:	Surname:
Signature:	Date (dd/mm/yyyy):
lease submit this completed form to GWIC with 2 days of Email: registration@gwic.nsw.gov.au	of the date of euthanasia by either: person: Level 1, 230 Howick Street, Bathurst, NSW

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

www.gwic.nsw.gov.au

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