

# TREATMENT RECORD REGISTER

This treatment Record register belongs to:	
(Trainer)	
of:	
Kennel Address	

The aim of this treatment record register is to assist registered persons to meet the requirements of GAR 151 - Treatment Records.

Participants should ensure they are aware of all Greyhound Racing Rules including any updates which are available online at <a href="https://www.gwic.nsw.gov.au">www.gwic.nsw.gov.au</a>

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# **GAR 151 Treatment Records**

- 1. The person in charge of a greyhound must keep and retain records detailing all vaccinations, antiparasitics and medical treatments administered to a greyhound from the time the greyhound enters their care until the greyhound leaves their care and for a minimum of two (2) years. Such record of treatment must be produced for inspection when requested by a Steward or a person authorised by the Controlling Body. Any person responsible for a greyhound at the relevant time who fails to comply with any provision of this rule shall be guilty of an offence.
- 2. Each record of treatment kept in accordance with this rule must be made by midnight on the day on which the treatment was given and, as a minimum requirement, include the following information:
  - a. Name of the greyhound:
  - b. Date and time of administration of the treatment;
  - c. Name of the treatment (brand name or active constituent);
  - d. Route of administration;
  - e. Amount given;
  - f. Name and signature of person or persons administering and/or authorising treatment. For the purposes of sub-rule (2), "day" means the 24-hour period from 12:01am to 12 midnight on any calendar day.
- 3. For the purposes of this Rule, "treatment" includes:
  - a. All Controlled Drugs (Schedule 8) administered by a veterinarian;
  - b. All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4);
  - c. Any injectable substance not already specified in this Rule;
  - d. All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;
  - e. All veterinary and other substances containing other scheduled and unscheduled prohibited substances.
- 4. It shall be an offence:
  - a. For any person to administer or allow to be administered to any greyhound, any Permanently Banned Prohibited Substance referred to in GAR79A
  - b. For any person other than a Veterinary Surgeon to prescribe, administer or allow to be administered to any greyhound, any Schedule 4 or Schedule 8 substance listed in the Standard for the Uniform Scheduling of Medicines and Poisons contained in the Australian Poisons Standard, as amended from time to time.
  - c. Sub rule (4) (b) shall not apply where a prescription for the substance was issued by a Veterinary Surgeon who prescribed the substance for the greyhound after personally examining that greyhound.

### **Common Acronyms**

#### **Route of Administration**

- SC subcutaneous (under the skin)
- IM intramuscular (into the muscle)
- IV intravenous (into the vein)
- PO oral administration (by mouth)
- IA intra-articular (into the joint)
- TOP topical (on the surface e.g. skin, eye)

#### **Treatment Frequency**

- SID once per day
- BID twice per day
- TID three times per day
- QID four times per day
- EOD every other day



# **Medication Strength**

- mg milligrams
- mL millilitres
- µg micrograms
- Medication Form
- tab tablet
- inj injection

## **Vaccination Type**

- C3 canine parvovirus, distemper and hepatitis
- C4 C3 + canine parainfluenza (kennel cough)
- C5 C4 +bordetella bronchiseptica (kennel cough)
- 2i canine coronavirus and leptospirosis

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Record of Purchase of All Treatments							
Date purchased	Treatment	Volume/Treatment	Purchased/Supplied by	Discard Date			
e.g. 01/07/2017	E.g. Pentosan Injection	E.g. 20ml Bottle	E.g. Belmore Vet Clinic	E.g. 01/09/2017			



Record of Purchase of All Treatments						
Date purchased	Treatment	Volume/Treatment	Purchased/Supplied by	Discard Date		



Treatment Records				Greyhound Kennel Name: Earbrand:	
Date of Treatment	Treatment Administered	Method of Administration	Amount Given	Name and signature of Person Administering	Name of Person Authorising Treatment
e.g. 21/02/2018	e.g. Oestrotain	e.g. PO	e.g. 1 tab SID	e.g. Trainer name and signature	e.g. Vet name



Treatment Records				Greyhound Kennel Name: Earbrand:	
Date of Treatment	Treatment Administered	Method of Administration	Amount Given	Name and signature of Person Administering	Name of Person Authorising Treatment



Treatment Re	Treatment Records			Greyhound Kennel Name: Earbrand:	
Date of Treatment	Treatment Administered	Method of Administration	Amount Given	Name and signature of Person Administering	Name of Person Authorising Treatment



Treatment Records				Greyhound Kennel Name: Earbrand:	
Date of Treatment	Treatment Administered	Method of Administration	Amount Given	Name and signature of Person Administering	Name of Person Authorising Treatment



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