

KENNEL CHANGE NOTIFICATION



This form must be provided to GWIC within 3 days of the location change of a registered greyhound.

Clause 10(1)(c) of the Greyhound Racing Regulations 2019 provides authority for the Commission to ask you for information in relation to your greyhound.

Applicant

Mr
 Mrs
 Miss
 Ms
 Dr
 Other

First name
 Surname
 Registration Number

Kennel Address

Address

Suburb
 State
 Postcode

Greyhounds coming into care

Are you intending to train the greyhound? Yes No

Greyhound	Card/Certificate No.	Ear Brand/s	Date in care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Greyhounds leaving care

Greyhound	Card/Certificate No.	Ear Brand/s	Date out of care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Location



Greyhound	Card/Certificate No.	Ear Brand/s	Date out of care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Location

Greyhound	Card/Certificate No.	Ear Brand/s	Date out of care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Location

Greyhound	Card/Certificate No.	Ear Brand/s	Date out of care
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

New Location

Signature of applicant	Date										
<input style="width: 100%; height: 20px;" type="text"/>	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="font-size: 10px; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/				
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Please submit this completed form to GWIC by either:

Email - registration@gwic.nsw.gov.au

Post - PO Box 718, Bathurst NSW 2795

In person - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.