

GREYHOUND RETURN TO RACE HEALTH AND FITNESS CERTIFICATE



This form is to be completed when a greyhound has not competed in an event for a period of more than 6 months and an owner or trainer wishes to return it to racing.

This form must be completed by the owner or trainer, veterinarian and an on-track steward. Once completed, the owner or trainer is to send this to us for processing.

Rule 135 of the Greyhound Racing Rules provides authority for the Commission to ask you for information in relation to your greyhound.

Greyhound details

Greyhound's name

Microchip no.

Sex

Ear brand

Colour

Dog Bitch

1. General physical examination – this must be completed by a Veterinarian

General health status	Good	Moderate	Poor	Comments
a) Physical body condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Teeth and gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d) Heart rate BPM & rhythm	<input type="text"/>		Respiratory rate BPM & rhythm	<input type="text"/>

General health status	Normal	Abnormal	Comments
e) Head and eyes Pannus <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f) Limbs and toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g) Heart auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h) Mucous membrane and capillary refill time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i) Abdominal palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



1. General physical examination – this must be completed by a Veterinarian (continued)

General health status	Normal	Abnormal	Comments
k) Gait and soundness	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
l) Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
m) Tail	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

For the purposes of this health and fitness certificate, the veterinarian examining the greyhound is not required to conduct clinical pathology, internal investigations or ultrasounds to determine general greyhound health.

However, if the examining veterinarian is unable to attest that the greyhound is fit and healthy without further examinations, the owner or trainer and vet may elect to undertake these further examinations.

Where further investigations have taken place then the results of these investigations should be attached to and lodged with this form.

General comments or any additional remarks (e.g. reproductive conformation)

Examination declaration

Name of veterinarian

Registration number

Name of veterinary clinic

Date of examination

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Declaration

I, being a registered Veterinarian, confirm that I have been presented the prescribed animal on this registration form, which I have examined in accordance with the prescribed standards and procedures.

Signature

Date

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2. Trial Declaration – to be completed by track steward

Name of steward

Track and distance

Declaration

I, being the steward on course, confirm that this greyhound has completed and passed a trial before me today at the noted track and distance.

Signature

Date

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Applicant details

Mr
 Mrs
 Miss
 Ms
 Dr
 Other

First name

Surname

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Signature of applicant

Date

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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.