

GREYHOUND RECOVERY REBATE SCHEME - APPLICATION FORM

The Application Process

Greyhound Responsible Person: Complete sections A and E of the application form below.

Attending Steward: Complete section B of the application form below.

On-track Veterinarian: Complete section C of the application form below.

Off-track Veterinarian: Complete section D of the application form below.

Definition of Eligible Injury

To be eligible for the rebate, the injury must be:

- sustained during the course of a race meeting, and
- considered potentially career-ending.

To be eligible for the rebate, the injury must fall into one or more of the following categories:

- **Fracture of a significant bone**
This excludes:
 - single metacarpal or metatarsal fracture
 - toe (phalangeal or sesamoid) fracture
 - tail fracture
- **Dislocation of a joint above or including the wrist or hock**
This excludes:
 - metacarpal-phalangeal or metatarsal-phalangeal dislocation
 - toe dislocation
 - tail dislocation
- **Complete rupture of the Achilles tendon**

Supporting Documentation Required

The following documentation must be submitted along with this application form:

- Detailed clinical records from both on-track and off-track veterinarians
- Itemised invoices and receipts for all veterinary work undertaken

Section A: Greyhound Responsible Person to Complete

Applicant details

Name: _____

Address: _____

Email: _____

Phone: _____

Licence number: _____

Greyhound details

Name: _____

Ear brand: _____

Microchip: _____

Gender: _____

Date of birth: _____

Section B: Attending Steward to Complete

Incident details

Date: _____

Racetrack: _____

Race number: _____

I confirm that the injury detailed below was sustained during the course of this race meeting:

Steward name: _____

Signature: _____

Section C: On-track Veterinarian to Complete

Injury details

Initial assessment:

Treatment provided:

I confirm that the injury detailed above is considered potentially career-ending:

Practice details

Name:

Address:

Email:

Phone:

Practitioner details

Name:

Signature:

Section D: Off-track Veterinarian to Complete

Injury details

Date of examination: _____

Diagnosis: _____

Treatment provided: _____

Rehabilitation plan: _____

I confirm that the injury detailed above is considered potentially career-ending:

Practice details

Name: _____

Address: _____

Email: _____

Phone: _____

Practitioner details

Name: _____

Signature: _____

Section E: Greyhound Owner to Complete

Declaration

I have read and understand the Greyhound Recovery Rebate Scheme policy:

The information that I have provided in this application is true and correct:

I have attached all required supporting documentation:

I wish to nominate my greyhound for the Greyhound Adoption Program:

Name: _____

Signature: _____

Date: _____

Application forms and supporting documentation may be submitted to Tasracing by email or post via the contact details provided below.

Greyhound Recovery Rebate Scheme

PO Box 730

GLENORCHY TAS 7010

Email – greyhoundrecoveryrebate@tasracing.com.au

Phone – 6212 9333