

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

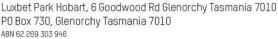
The following documentation must be submitted along with this application form:

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



E: admin@tasracing.com.au



















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: \Box
Steward name: Signature:

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W: tasracingcorporate.com.au















Section C: On-track Veterinarian to Complete

Treatment provided: Confirm that the injury detailed above is considered potentially career-ending: Practice details Name:	Injury details		
I confirm that the injury detailed above is considered potentially career-ending: Practice details Name: Address: Email: Phone: Practitioner details Name:	Initial assessment:		
I confirm that the injury detailed above is considered potentially career-ending: Practice details Name: Address: Email: Phone: Practitioner details Name:			
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Phone: Practitioner details Name:	Address:		
Practitioner details Name:	Email:		
Name:	Phone:		
Name:	Practitioner details		

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Section D: Off-track Veterinarian to Complete

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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	r 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











