

## Tasmanian Racing C-19 Welfare Application Form

By completing and submitting the form on this page you are agreeing to the [Terms and Conditions](#) and [Declaration statement](#).

### Name of applicant (licenced trainer):

First

Last

Title/Business Name:

License No:

Date

### Contact Details:

Business phone:

Mobile phone:

Email:

Confirm Email:

Stable/Kennel Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Postcode

Business/mailling address (if different from stable/kennel address):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Postcode

Australian Business Number (ABN) (11 digits):

And/or Tax File Number (TFN) (9 digits):

## Details of Animals

Please provide details of animals in your care and the time period in care. Multiple entries can be added to the form below.

**Code:**

<b>Greyhound / Harness / Thoroughbred</b>
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<b>Animals Details</b>				
<b>Name (unnamed acceptable):</b>	<b>ID (earbrand, reg no, etc):</b>	<b>Add / Remove</b>	<b>In Work Commencement Date (if required):</b>	<b>Out of work date (if required):</b>

**Comments:**

I have read and agree with the **Terms and Conditions**.

I have read and declare to the **Declaration Statement**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of applicant (licenced trainer):

First

Last

Animals Details - Additional				
Name (unnamed acceptable):	ID (earbrand, reg no, etc):	Add / Remove	In Work Commencement Date (if required):	Out of work date (if required):