

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 (If present): Complete section C of the application form below.

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

***In the case where a Steward is not present (e.g. trial sessions), the person in charge of the trial session is required to complete Section B of the application.*

Eligible Injury

Any injury sustained during a race meeting, qualifying trial or official club trial at which club officials are present.

Supporting Documentation Required

Itemised invoices and receipts for all veterinary work undertaken – clearly indicating the name and/or earbrand of the greyhound - must be submitted along with this application form.

If direct payment of account by Tasracing is required, the tax invoice for the services provided **must** be in the name of Tasracing.

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/Trial Official to Complete

Incident details

Date: _____

Racetrack: _____

Race number or Trial Details (e.g. 461 Box trial): _____

I confirm that the greyhound was reported to have suffered an injury during the course of this race meeting/Trial session:

Steward/Trial Official name: _____

Signature: _____

Section C: On-track Veterinarian to Complete (If OTV present)

Injury details

Initial assessment:

Treatment provided:

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: _____

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:

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