

## GREYHOUND RECOVERY REBATE SCHEME APPLICATION FORM

### SECTION A: DETAILS OF INJURY

BY ON-TRACK VETERINARIAN, CLUB OFFICIAL OR TASRACING

TRACK		GREYHOUND NAME	
DATE		MICROCHIP/EAR BRAND	
RACE NUMBER (or TRIAL DETAILS)			
DESCRIPTION OF INJURY			
NAME			
SIGNATURE			

### SECTION B: APPLICANT DETAILS

NAME		LICENCE NO.	
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*I have read and understand the Greyhound Recovery Rebate Scheme policy.*

SIGNATURE		DATE	
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**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](mailto:greyhoundrecoveryrebate@tasracing.com.au)**

**Phone – 6212 9333**