Certificate of Euthanasia by a Veterinarian



PART 1 - Owner/Person in charge of greyhound to complete

Owner/Per	son in charge of	greyhou	nd details					
First name								
Surname								
Address								
Town/City					Pc	stcode		
Telephone					Мо	obile		
Email								
Name (if na or parentag	amed)							
Microchip					Ea	rbrand		
DOB					Сс	olour		
Sex (tick ei	ther)	Dog	0	Bitch	0			
Veterinaria Vet name	n details							
Vet name	iii uetalis							
Vet Counci	l registration							
Practice na	me							
Address								
Town/City					Pc	stcode		
Telephone					Мо	obile		
Email								
Veterinaria	n declaration							
I				(N	lame), as a	registered ve	eterinarian, hereby certify that the	
greyhound	identified in Part	1 of this	form was pre	esented to n	me for euth	nanasia on		_ (Date)
for the follo	owing reason (se	lect an op	tion below).					
Tick one	OPTION 1		OPTION 2 (\supset	OPTION	3 🔾	OPTION 4 (
	OUR DOGS. VE TO RACE.					907 d@grnz.co.nz	106-110 Jackson St, Petone, PO Box 38313, Wellington Mail C 5045, New Zealand	Centre

In selecting OPTION 1:

I hereby certify that in my opinion, the greyhound identified in Part 1 has a condition which causes significant pain, distress, and/or discomfort, and/or a marked reduction in quality of life, such that it is inhumane to delay euthanasia.

In selecting OPTION 2:

I hereby certify that in my opinion, the greyhound identified in Part 1 has a veterinary condition or injury (not requiring immediate humane euthanasia), which negatively impacts the greyhound's welfare.

NOTE: GRNZ should be notified by the LP of the Intent to Euthanise this greyhound under the Euthanasia Policy 14 days prior.

In selecting OPTION 3:

sion, anxiety, or phobia) which negatively affect	
	ntent to Euthanise this greyhound under the Euthanasia Policy 14 days prior.
In selecting OPTION 4: I hereby certify that the greyhound identified in	Part 1 was euthanised for the following reason,
	, as requested by my client in Part 1.
Location of euthanasia	
Veterinary clinic	Track (Name)
Address (please detail)	
Date of euthanasia	
Veterinarian details	
Vet name	
Signature	
Vet Council registration	
Date of certification	
	termine if the euthanasia complies with the GRNZ Euthanasia Policy including treatment options offered (e.g. conservative treatment, surgery, specialist a was the chosen outcome.
EXAMINATION FINDINGS	
My examination findings are as follows (complete	e diagnostics performed and any clinical abnormalities in the table below)
Physical examination	
Behavioural evaluation	
Radiology	

Blood tests	
Urine analysis	
Ultrasound	
CT scan	
MRI	
Other (please detail)	
It is my opinion that the greyhound identified in Part 1 has the following condition/s:	
	(Diagnosis).
The following options and treatments were discussed with my client:	

Please email completed veterinary certificate to welfare@grnz.co.nz within three days of the euthanasia occurring (in accordance with rule 22(1)(b) of the GRNZ Rules of Racing).

Privacy Declaration

This information is being collected and will be held at the office of Greyhound Racing New Zealand (GRNZ) in Wellington in accordance with the Privacy Act 2020 for administrative purposes only. Without the requested information, GRNZ may not be able to process the matters relating to this form. You agree that the personal information supplied by you may be retained by GRNZ and shared with the Animal Health and Welfare Committee and Greyhounds Australasia, who will not disclose the information unless for administrative purposes or if required by law. You can access your personal information from the GRNZ office on Level 4, 106-110 Jackson Street, Petone, Wellington for inspection and/or amendment as necessary. Note: Your information may be sent to Greyhounds Australasia for administrative purposes. Greyhounds Australasia may not protect your information in a way that provides comparable safeguards to the New Zealand Privacy Act 2020.