

Veterinary Certification of Death

This form must be completed and returned to Greyhound Racing New Zealand (GRNZ) within 14 days of a greyhound's death.

GREYHOUND DETAILS:	
Name:	
Earbrand:	Microchip:
DOB:	Sex:
Registration to Race:	Has this greyhound ever been registered to race in NZ: <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT DETAILS:		
Person Making Application:	<input type="checkbox"/> Owner <input type="checkbox"/> Trainer <input type="checkbox"/> Other	
Name	First Names:	
	Surname:	
Address	Street:	
	Suburb:	
	Town/City:	Postcode:
	Phone:	Mobile:
Contact	Email:	

THIS GREYHOUND HAS:
<input type="checkbox"/> Died (Please go to Section A)
<input type="checkbox"/> Been Euthanised (Please go to Section B)

OFFICE USE ONLY:	
Loaded:	Scanned:



Section A

Note: The greyhound must be presented to a veterinarian as soon as practically possible for examination. GRNZ has the right to request an autopsy to confirm cause of death.

Applicant to complete:

Please give details below of how this greyhound died:

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Veterinarian comments:

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Veterinarian Declaration:

The greyhound identified as (name/microchip/earbrand)
was presented to (name), a registered veterinarian, at
..... (veterinary clinic) on (date) for
certification of death.

Signed

Date

Section B

Veterinarian to complete this section if the greyhound has been euthanised.

Date and Location:	<p>This greyhound was euthanised on (date) at:</p> <p><input type="checkbox"/> Track Name</p> <p><input type="checkbox"/> Vet Clinic Name</p> <p><input type="checkbox"/> Other: Give Details</p> <p>.....</p>
Reason for Euthanasia:	<p><input type="checkbox"/> Owner's request <input type="checkbox"/> Trainer's request</p> <p><input type="checkbox"/> Veterinarian's recommendation – Please provide details below:</p> <p>.....</p> <p>.....</p> <p>.....</p>

Veterinarian Declaration:

The greyhound identified as (name/microchip/earbrand)
 was euthanised by (name), a registered veterinarian, at
 (veterinary clinic) on (date).

Signed

Date



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 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.

Applicant Declaration

I,(applicant's name), certify that the information within this application is true and correct.

I consent to the release of the medical records belonging to the Greyhound specified on Page 1 of this form to Greyhound Racing New Zealand.

I agree to be bound by and recognise the rules GRNZ, or any other authority or person authorised by such rules.

I will provide additional information, as shall be reasonably required by the GRNZ, in respect of this application.

I have read and understood the Greyhound Racing New Zealand Health and Welfare Standards and understand the consequences of non-compliance.

Any certificate of license that may be issued to me is, and will remain, the property of GRNZ and must be produced or returned on the demand of an authorised GRNZ officer or by a RIU Stipendiary Steward.

I am aware that my licence can be revoked by GRNZ at any time (Rule 83.1).

I agree to notify GRNZ of any changes to my personal details as soon as possible (within 3 days) so my records can be updated.

I am aware of an agreement to be bound by the conditions of authority/licensing as detailed in this form.

Applicant's Signature

Date