

Application for an Additional Service

This application must be signed by a registered veterinarian to confirm the health of the breeding female before being considered by GRNZ.

For further information, please refer to the GRNZ Breeding Female Policy.

| GREYHOUND DETAILS: | |
|-------------------------------------|------------|
| Name: | |
| Earbrand: | |
| Whelping Date: | Microchip: |
| Number of previous caesarians: | |
| Number of previous litters: | |
| Number of previous missed services: | |

Are you applying for (please tick all that apply):

- One service for a breeding female who has already had three litters.
- One service for a breeding female over seven years old.

| BREEDER DETAILS: | | |
|------------------|--------------|-----------|
| Name | First names: | |
| | Surname: | |
| Address | Street: | |
| | Suburb: | |
| | Town/City: | Postcode: |
| | Phone: | Mobile: |
| Contact | Email: | |

| OFFICE USE ONLY: | | |
|----------------------|--------------------|-------|
| Approved / Declined: | Signature: | Date: |
| Loaded: | Notification Sent: | |

**We love our dogs.
They love to race.**

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PO Box 38313
Wellington Mail Centre
Lower Hutt, 5045

Veterinarian Declaration

I, (veterinarian's name), a registered veterinarian at (veterinary clinic) find no reason, based upon the confines of a clinical examination on the below date and the available history, that the greyhound identified as (racing name or microchip) should not be considered fit and healthy to be used for breeding purposes at this time.

Veterinarian's Signature

Date

Breeder 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 of 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 v 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

Privacy Declaration

This information is being collected and will be held at the office of GRNZ in accordance with the Privacy Act 1993 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, 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, Lower Hutt for inspection and/or amendment as necessary.