

Notice of Intent to Euthanise a Greyhound



Under Part 3 of the GRNZ Euthanasia Policy, a Licensed Person (LP) intending to have a greyhound euthanised as a last resort must provide this completed form (notifying GRNZ of the reason for the intended euthanasia) to GRNZ at least 14 days prior to the proposed date of the euthanasia. GRNZ will assess this notice and notify an LP should the euthanasia **NOT** be approved within 5 business days.

Owner/Person in charge of the greyhound details

First name

Surname

Address

Town/City

Postcode

Telephone

Mobile

Email

Greyhound details

Name (if named)

Microchip

Earbrand

DOB

Colour

Sex (tick either)

Dog

Bitch

Kennel location

Address

Town/City

Postcode

Proposed date of euthanasia (must be at least 14 days from lodgement)

Date proposed

Proposed veterinarian

Vet/Practice name

Address

Town/City

Postcode

Telephone

Mobile

Email

**WE LOVE OUR DOGS.
THEY LOVE TO RACE.**

P 04 589 4900
F 04 589 4907
E greyhound@grnz.co.nz
W grnz.co.nz

106-110 Jackson St, Petone,
PO Box 38313, Wellington Mail Centre
5045, New Zealand

Mandatory provisions in the Euthanasia Policy

28-day wind-down period for racing dog completed? Yes No

Date of last race

1. Does the greyhound have a diagnosed veterinary condition or injury (not requiring immediate humane euthanasia, but requiring on-going veterinary treatment) which negatively impacts the greyhound's welfare? Please attach relevant veterinary clinical notes supporting this condition.

Yes No

Veterinarian who made diagnosis

Practice name & contact details

Details of diagnosis

Date of diagnosis

AND/OR

2. Has the greyhound been behaviourally assessed by Great Mates and is considered unsuitable for rehoming; and/or has a veterinary or qualified canine behaviourist diagnosed behavioural condition (i.e. anxiety or phobia) making the greyhound unsuitable for rehoming? Please attach the relevant clinical notes supporting the diagnosis and treatments.

Yes No

Person who made assessment

Organisation name & contact details

Details of behavioural condition

Date of assessment

I have fully complied with my obligations under the GRNZ Euthanasia Policy

Print name

Signature

Date

This completed form must be provided to GRNZ at least 14 days prior to the proposed date of euthanasia by:

- Email to welfare@grnz.co.nz
- Post to PO Box 38313, Wellington Mail Centre, Lower Hutt 5045
- In person to 106-110 Jackson Street, Petone 5045

If assistance is required with your application, please contact our Registration and Welfare team on 04 589 4900 or email welfare@grnz.co.nz

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.

INTERNAL USE ONLY

Form received on _____ (Date)

Euthanasia **approved** by _____ (Name) on _____ (Date)

Signature _____

LP notified by _____ (Name) via Phone **and** Email/Letter on _____ (Date)

OR:

Euthanasia **not approved**

Reasons:

LP notified by _____ (Name) via Phone **and** Email/Letter on _____ (Date)

Plan for rehoming: