

# GREYHOUND CARE SCHEME

## FORM 2: POST-OPERATIVE CARE SUBSIDY APPLICATION



### Part A: OWNER/TRAINER DETAILS

NAME:

MOBILE:

### Part B: GREYHOUND DETAILS

GREYHOUND NAME:

MICROCHIP #

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### Part C: POST-OPERATIVE CARE INVOICE

CARER'S NAME:

ABN

(if applicable):

CARER'S ADDRESS:

DATE OF INVOICE:

START DATE:

DAY DOG COLLECTED FROM VET

END DATE:

VET CLEARANCE/  
DOG HAS FULLY RECOVERED

NO. OF WEEKS:

TOTAL (MAX: \$800+GST)

\$

\_\_\_ / \_\_\_ / \_\_\_  
Day Month Year

\_\_\_ / \_\_\_ / \_\_\_  
Day Month Year

### Part D: NOTIFICATION OF RETIREMENT AND REHOMING

I have retired this greyhound from racing and breeding with GWIC

I have received a Veterinary Clearance Certificate for Rehoming

### Part E: SUPPORTING DOCUMENTS

Receipt of GWIC Notification of Retirement

Veterinary Clearance Certificate for Rehoming

I declare that the particulars stated in this application and documents attached are true and authentic.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

TRACK MANAGER TO EMAIL PHOTO OF THIS APPLICATION TO [vets@grnsw.com.au](mailto:vets@grnsw.com.au) | text: 0419 934 015