

GREYHOUND CARE SCHEME

FORM 3: VETERINARY CLEARANCE FOR REHOMING FORM



PART A: GREYHOUND DETAILS

NAME OF GREYHOUND:

MICROCHIP #

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PRESENTING INJURY:

PART B: VETERINARY PRACTICE DETAILS

STAMP OR FILL IN HERE:

- I am the responsible veterinarian
- I confirm that the greyhound (detailed above) was examined by me and has successfully completed its treatment and rehabilitation program
- I have reviewed the pre and post treatment radiographs where applicable (for the injury eligible under the NSW Greyhound Care Scheme) and I deem the dog fit for rehoming

Additionally, I have provided (where applicable):

- Post operative discharge letter and / or instructions
- Information for a prospective adopter / foster carer to manage chronic conditions

VET NAME

VET SIGNATURE

DATE