

RACE INJURY REBATE SCHEME FORM

PART A: DETAILS OF INJURY BY ON-TRACK VETERINARIAN/CLUB MANAGER

TRACK		GREYHOUND NAME	
RACE DATE		MICROCHIP NUMBER	
RACE NUMBER	2 0	INCAPACITATION	<input type="checkbox"/> days <input type="checkbox"/> weeks

Please note: Under this scheme the incapacitation period must be 42 days (6 weeks) or more and the injury consistent with the GWIC requirements for a Major II injury to be eligible.

DESCRIPTION OF INJURY	
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FULL NAME		DATE	
SIGNATURE			2 0

PART B: OWNER AGREEMENT TO PARTICIPATE IN THE SCHEME

I, _____ the registered owner, or agent of the owner, agree to the above described greyhound to be subject to veterinary treatment in accordance with the terms and conditions of the *GRNSW Race Injury Rebate Scheme*.

FULL NAME		GWIC LICENCE NO.	
SIGNATURE		DATE	

PART C: VETERINARY SURGEON INITIAL DIAGNOSIS

NAME OF VETERINARIAN		REGISTRATION NO.	
VETERINARY PRACTICE		ADDRESS	
PHONE NUMBER		EMAIL	

GREYHOUND NAME		TREATMENT DATE	
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I, being a registered Veterinarian, confirm that the greyhound identified in **Part A** was examined and treated by me and the injury/injuries identified and the treatment provided are described in the attached veterinary treatment report.

I have read and understood the *Greyhound Racing NSW Race Injury Rebate Scheme Policy*.

VETERINARIAN SIGNATURE		DATE	
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Please submit

1. Completed form
2. Veterinary treatment report and
3. Tax Invoice(s)

to Greyhound Racing NSW:

- By email to vets@grnsw.com.au
- By post addressed to: Greyhound Racing NSW, PO Box 698 Darlinghurst NSW 1300

If assistance is required with your application, please contact Greyhound Racing NSW's Customer Engagement Team on 02 8324 7601 or email vets@grnsw.com.au.