

RACING SERVICES TASMANIA

All mail addressed to PO Box 1329, Launceston 7250 (Level 2 Henty House, Launceston)
Telephone (03) 6336 2450 Fax (03) 6336 2966

NOTIFICATION OF RETIRED GREYHOUND

LR(Tas) 36.7 states - For the purpose of GAR 106(3), the TRB directs that the last registered owner of the greyhound will be deemed to be responsible for that greyhound until such time as they advise RST if that greyhound is to be (a) retired as a pet; (b) surrendered to an approved adoption program; or (c) has been humanely euthanased by a veterinarian.

**** Registration Certificate or Naming Form must be returned with this notice ****

DETAILS (Person submitting the form)

NAME _____ REG. NO. _____

I am the owner of this greyhound

I am not the owner of this greyhound but have the owner's authority to retire/euthanase.

SIGNATURE _____ DATE _____

DETAILS OF GREYHOUND TO BE RETIRED

NAME OF GREYHOUND (IF NAMED): _____ EARBRAND: _____

DOG'S SIRE: _____ DOG'S DAM: _____

IS THIS GREYHOUND BEING RETIRED AS:			
<input type="checkbox"/> A PET OR GAP GREYHOUND	<input type="checkbox"/> A BREEDING ANIMAL	<input type="checkbox"/> HUMANELY EUTHANASED	<input type="checkbox"/> OTHER REASON
↓ WHO IS KEEPING THE DOG AS A PET? <input type="checkbox"/> 1A – OWNER <input type="checkbox"/> 1B – TRAINER <input type="checkbox"/> 1C – THIRD PARTY ↓ <i>*PLEASE ATTACH A STATUTORY DECLARATION TO THIS FORM ADVISING NEW OWNER'S DETAILS</i> <input type="checkbox"/> 3A – GAP	↓ WHO WILL BE BREEDING THE DOG? <input type="checkbox"/> 2A – OWNER <input type="checkbox"/> 2B – DOG WILL BE LEASED/TRANSFERRED FOR BREEDING	↓ WHAT WAS THE MAIN REASON THE DOG WAS EUTHANASED? <input type="checkbox"/> 4A – DUE TO INJURY OR ILLNESS <input type="checkbox"/> 4B – IT WAS NOT SUITABLE FOR REHOMING OR GAP <input type="checkbox"/> 4C – LACK OF ABILITY / UNSUITABLE FOR RACING ↓ <i>*PLEASE ATTACH A CERTIFICATE OF EUTHANASIA FROM A REGISTERED VETERINARY SURGEON OR HAVE THEM SIGN AND STAMP BELOW</i>	↓ YOU WILL NEED TO TELL US WHAT HAPPENED TO THE DOG. ↓ <i>PLEASE ATTACH A STATUTORY DECLARATION TO THIS FORM (See LR(Tas) 36.6)</i>
VETERINARIAN'S DETAILS			
NAME: _____			
CLINIC: _____			
SIGNATURE: _____ DATE: _____			

Penalties may apply if the information supplied is false or misleading