

HOMING ASSISTANCE SCHEME FORM



PART A: GREYHOUND & VETERINARY DETAILS

NAME OF GREYHOUND		DATE OF BIRTH					2	0	
MICROCHIP NUMBER	9	5	6	0	0	0	0		
EAR BRAND									

DATE OF DESEX			2	0	SEX	<input type="checkbox"/> Male neutered
DENTAL WORK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Female spayed			
VACCINATION	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
HEARTWORM	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
BLOOD TEST*	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
NAME OF VETERINARY CLINIC						

FINANCIAL REBATE REQUESTED	
Desexing	\$
Dental	\$
Vaccination	\$
Heartworm	\$
Blood Test	\$
REBATE TOTAL	\$

* pre-anaesthetic blood test rebate is only available for greyhounds 7 years of age or older.

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 *Homing Assistance Scheme*.

THE GREYHOUND WILL BE:		
<input type="checkbox"/> retained by me as a pet		
<input type="checkbox"/> homed to another person →	NAME OF NEW OWNER	
<input type="checkbox"/> homed to a rehoming organisation →	NAME OF ORGANISATION	

DECLARATION, UNDERTAKINGS & AUTHORISATIONS

I declare that the information I have provided above is true and correct, that I have read and understand the terms and conditions of the Scheme and that GRNSW will rely on this information. I will advise GRNSW if there is any change in the particulars in this application.

CONSENT TO RELEASE

I understand my greyhound's medical records under this Scheme are shared to third parties, these may include veterinary practices, GRNSW, GAP NSW and GWIC. I consent to the sharing of my greyhound's information for the purpose of its veterinary care under the Scheme.

FULL NAME		GWIC LICENCE NO. (if applicable)	
SIGNATURE		DATE	
			2 0

PART C: STATEMENT BY VETERINARY PRACTITIONER

I, _____ being a registered Veterinary Practitioner in NSW, confirm that the greyhound identified in **Part A** was examined. I have provided the owner a veterinary treatment report, a desexing certificate and undertaken the procedures detailed in **Part A**.

VETERINARY PRACTITIONER SIGNATURE	DATE				2	0
	Registration No.					

PART D: PAYMENT ARRANGEMENTS

Please tick which payment option if you are eligible for the financial rebate.

OPTION 1: Payment to Veterinary Practice

OPTION 2: Reimbursement to Applicant

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PART E: PAYMENT DETAILS

OPTION 2 – PAYMENT TO VETERINARY PRACTICE

Please submit:

1. Completed form,
2. Veterinary treatment report, and
3. Tax Invoice addressed to owner (as above).

Veterinary practitioner

- agrees to take payment as of Option 2
- provide veterinary treatment report, desexing and vaccination certificate and tax invoice to greyhound owner &/or GRNSW

OPTION 1 – REIMBURSEMENT

Please submit:

1. Completed form,
2. Veterinary treatment report,
3. Desexing Certificate, and
4. Copy of tax invoice receipt from the veterinary practitioner.

I am the (please tick one):

- GWIC-registered Owner** (industry participant registered with Greyhound Welfare & Integrity Commission)
- Rehoming Organisation Representative**
- New Pet Owner**

My Bank Account Details are held by GRNSW

Yes

No – provide account details below

BANK NAME		BSB NUMBER	
BANK ACCOUNT NAME		ACCOUNT NUMBER	

PRIVACY POLICY

GRNSW understands the importance of your personal information and its privacy. The GRNSW Privacy Policy accords with the National Privacy Principles to protect the privacy of your information and is based on the Commonwealth Privacy Act 1988. You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided your application may be rejected. The GRNSW Privacy Policy is available on www.grnsw.com.au.

I understand that my application under the Homing Assistance Scheme will mean that my greyhound's medical records will be shared to third parties involved in the provision of the Scheme; these may or may not include, veterinary practices, GRNSW, GAP NSW and GWIC.

SUBMITTING YOUR APPLICATION

PARTS A to D ON PAGE 1 MUST BE COMPLETED. INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

Please send your application with ALL required documents. Applications without the required documents attached will not be processed.

Payment Option 1 (payment to veterinary practice)

- Certificate of de-sexing
- Clinical notes
- Invoice for veterinary treatment addressed to owner

Payment Option 2 (reimbursement)

- Certificate of de-sexing
- Clinical notes
- Invoice for veterinary treatment
- Receipt of payment

- By email to rhs@grnsw.com.au
- By post addressed to: **Attn: Homing Assistance Scheme**
Greyhound Racing NSW
PO Box 698
Darlinghurst NSW 1300

If you require assistance with your application, please contact GRNSW on 02 8324 7690 or email rhs@grnsw.com.au