



Greyhound Euthanasia Certificate

Please email completed and signed certificate to retirements@grv.org.au

Owner / Trainer name:			
Person presenting greyhound:			
Greyhound name:			
Colour:		Sex: (circle)	Male Female
Ear brand:		Age:	
Microchip number:	95600000 _ _ _ _ _		
Option 1: Medical Exception from Re-homing and Notice Requirements (LR 42.6(e)) I, as a registered veterinarian, certify that the greyhound identified above was humanely euthanased because it was suffering from an incurable condition or injury that causes significant pain or discomfort, or a marked reduction in quality of life. Please tick one option below and write details: <input type="checkbox"/> Injury (describe below) <input type="checkbox"/> Illness (describe below) Details: _____		OR	Option 2: Owner's Request I, as a registered veterinarian, certify that the greyhound identified above was humanely euthanased at the owner's request for the following stated reason. Please tick one option below and write details: <input type="checkbox"/> Injury / Illness (describe below) <input type="checkbox"/> Behaviourally unsuitable to re-home (describe below) <input type="checkbox"/> Other (describe below) Details: _____
		Note: in the absence of a Medical Exception (Option 1), failure to satisfy the re-homing and notice requirements may result in a breach of Local Rule 42.6.	
Date of euthanasia: ___ / ___ / 20 ___	Vet clinic: Vet name:		
Date of certification: ___ / ___ / 20 ___	Vet signature: Vet Board reg #:		