## Application Form: Temporary Overnight Accommodation of Greyhounds in a Stationary Transportation Vehicle (3 or more consecutive nights)

This form must be completed by Registered Participants if they are temporarily accommodating greyhounds in a stationary transport vehicle away from the usual kennel address for **three (3) or more consecutive nights**.

This application must be submitted to the Greyhound Welfare and Re-homing Department no less than three (3) business days prior to commencement of the journey. **Please submit this application form to welfare@grv.org.au**.

Member number:

## **PARTICIPANT DETAILS** (owner or trainer)

Participant full name:

Kennel address:	Contact phone number(s):		
	** This must be the number you can be contact on both before and during your journey		
Contact email address:			
DEDCON TRAVELLING WITH AND IN CONTROL OF CREVITOLINI	DIC) (if not the consequence)		
PERSON TRAVELLING WITH AND IN CONTROL OF GREYHOUNI  Name:	Contact phone number:		
JOURNEY DETAILS			
Dates of travel: From to	Total number of days:		
Total number of nights where temporary accommodation is require	ed:		
Distance between kennel address and furthest point along journey:km			
<b>Transport vehicle description:</b> (include type of vehicle(s), number of gre	yhounds it can carry etc)		
Vehicle registration number(s):			
Reason for travel:			
Name of meeting or event (if applicable):			

## **OVERNIGHT ADDRESS**

Night 1:	Night 2:	Night 3:	
Street:	Street:	Street:	
Town / Suburb:	Town / Suburb:	Town / Suburb:	
Postcode:	Postcode:	Postcode:	
Forecast overnight temp: °C	Forecast overnight temp: °C	Forecast overnight temp: °C	
Other amenities (tick):	Other amenities (tick):	Other amenities (tick):	
☐ Water available	Water available	☐ Water available	
Shade available	Shade available	Shade available	
Suitable parking	Suitable parking	Suitable parking	
Clear entry and exit access	Clear entry and exit access	Clear entry and exit access	
Suitable toileting area	Suitable toileting area	Suitable toileting area	
Local 24-hour veterinary clinic	Local 24-hour veterinary clinic	Local 24-hour veterinary clinic	

## **GREYHOUND DETAILS**

All details for each greyhound must be completed.

Greyhound name	Ear brand	Activity	Transport Vehicle Type	Individual Compartment Y/N