



# GREYHOUND RECORD

GREYHOUND NAME

---

KENNEL NAME

---

COLOUR

---

SEX

---

MICROCHIP

---

EAR BRAND

---

WHELP DATE

/ /

---

DISTINGUISHING FEATURES

---

# GREYHOUND RECORD: GUIDE

When entering an Illness, Injury or Health Management Event, please select from the lists below for each matching section. This hardcopy Greyhound Record has been designed to match the Greyhound Record event options on FastTrack.

## INJURY INFORMATION

### INJURY TYPE

- Bone
- Joint
- Muscle
- Skin
- Other

### INJURY LOCATION

- Foreleg Left
- Foreleg Right
- Hindleg Left
- Hindleg Right
- Head
- Neck
- Chest
- Abdomen
- Spine
- Tail

### INJURY DETAIL

- Abrasion/  
Spike wound
- Laceration
- Nail
- Pad
- Webbing
- Toe
- Metacarpal
- Wrist
- Forearm
- Elbow
- Shoulder
- Monkey/Triceps
- Deltoid
- Chest
- Eye
- Muscle injury
- Mouth
- Skull injury
- Spinal injury
- Rib injury
- Happy Tail
- Tail fracture

## ILLNESS INFORMATION

### ILLNESS TYPE

- Acidosis
- Bloat/  
Twisted bowel
- Cancer/tumour
- Dehydration
- Dental disease
- Diarrhea
- Fever
- Kennel Cough
- Infection  
(General)
- Insect/  
Spider bite
- Pannus
- Poisoning
- Seizure
- Snake bite
- Unknown illness
- Water Diabetes

## HEALTH MANAGEMENT INFORMATION

### HEALTH MANAGEMENT TYPE

- Supplement
- Substance
- Vaccination
- Scheduled drug
- Vet visit
- Other (can include parasite control)

## TREATMENT INFORMATION

### TREATMENT

- Vaccination
- Medication
- Physio
- Ultrasound
- Laser
- Tens
- Rest.Ice.Compression.(Observation)
- Magnetic Field

### VACCINATION TYPE

- C3
- C5
- C4
- 2i

### ROUTE OF ADMINISTRATION

- Subcutaneous (under the skin) (SC)
- Intramuscular (into the muscle) (IM)
- Intravenous (into the vein) (IV)
- Per os (by mouth or orally)
- Intra-articular (into the joint)
- Topical (on the surface e.g. skin, eye)
- Transdermal (across the skin)
- N/A

# GREYHOUND RECORD: INJURY EVENT

DATE OF ENTRY	TRACK / NON-TRACK	FREQ./STRENGTH/AMOUNT/SESSIONS	COMMENT/OBSERVATIONS
INJURY TYPE	INJURY DATE	TREATMENT DATE	
INJURY LOCATION	TREATMENT	ADMINISTERED BY	
INJURY DETAIL	ROUTE OF ADMINISTRATION	AUTHORISED BY	

DATE OF ENTRY	TRACK / NON-TRACK	FREQ./STRENGTH/AMOUNT/SESSIONS	COMMENT/OBSERVATIONS
INJURY TYPE	INJURY DATE	TREATMENT DATE	
INJURY LOCATION	TREATMENT	ADMINISTERED BY	
INJURY DETAIL	ROUTE OF ADMINISTRATION	AUTHORISED BY	

DATE OF ENTRY	TRACK / NON-TRACK	FREQ./STRENGTH/AMOUNT/SESSIONS	COMMENT/OBSERVATIONS
INJURY TYPE	INJURY DATE	TREATMENT DATE	
INJURY LOCATION	TREATMENT	ADMINISTERED BY	
INJURY DETAIL	ROUTE OF ADMINISTRATION	AUTHORISED BY	

# GREYHOUND RECORD: ILLNESS EVENT

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

# GREYHOUND RECORD: ILLNESS EVENT

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
ILLNESS TYPE	MEDICATION NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

# GREYHOUND RECORD: HEALTH MANAGEMENT EVENT

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

# GREYHOUND RECORD: HEALTH MANAGEMENT EVENT

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

# GREYHOUND RECORD: HEALTH MANAGEMENT EVENT

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	

DATE OF ENTRY	TREATMENT	ROUTE OF ADMINISTRATION	COMMENT/OBSERVATIONS
HEALTH TYPE	MEDICATION/VACC NAME (IF APPL)	ADMINISTERED BY	
TREATMENT DATE	FREQUENCY/STRENGTH	AUTHORISED BY	