

Application Form - GRV Desexing and Dental Scheme



To be eligible for funding, **both the desexing and dental treatment must be completed**. Funding is available only up to \$400 (incl GST) for a male greyhound and up to \$500 (incl GST) for a female or cryptorchid male greyhound. If being rehomed to a third-party or rehoming group, it is also a Code of Practice requirement to have a current C5 vaccination at the time of rehoming.

Eligibility check *(please do not submit application if all criteria are not met):*

- Either the greyhound's last racing owner was Victorian-registered, or if not, the greyhound must have raced in Victoria for at least 3 months under a Victorian trainer; and
- Greyhound is currently in the care of a Victorian-registered participant; and
- The applicant must be the greyhound's owner (i.e. a registered participant).

Application process

1. Owner books desexing and dental treatment with Victorian-based veterinary clinic.
2. Owner completes and signs this form and submits it to welfare@grv.org.au.
3. GRV reviews application and if all criteria are met, emails a voucher to the nominated veterinary clinic (and copy to owner).
4. Veterinarian will invoice GRV up to the maximum amount stated on the voucher after the surgery has been completed.
5. Owner will directly pay the veterinary clinic any amount not covered by the voucher.

Greyhound race name		Ear brand	
Microchip number	956		
Applicant name		Member no	
Nominated veterinary clinic / veterinarian			
Email address		Phone number	

Procedure details *(please tick all relevant boxes)*

Desexing and dental	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Cryptorchid male (one or both testicles retained)	
Please write information that is relevant to the veterinarian (e.g has had one testicle removed previously, slow to recover from anaesthetic, bleeder):	
Scheduled date of surgery: / /20	<input type="checkbox"/> Latest C5 vaccination certificate attached <input type="checkbox"/> C5 vaccination scheduled for time of surgery

Rehoming information - I intend to: *(please tick relevant box and complete details if known)*

- retain the greyhound as a pet
- continue to race the greyhound
- rehome the greyhound to a community member *(name if known)*
- rehome the greyhound through a rehoming group *(name if known)*

Declaration

I, _____ declare that I am the current owner of the above greyhound, and I have not previously received or attempted to receive funding for this greyhound from this or any other desexing/dental funding scheme. I understand it is a requirement under the Code of Practice to maintain a current C5 vaccination and I have arranged for my greyhound to be vaccinated if it is required.

Signature: _____

Date: / /20