

CODE OF PRACTICE FOR THE KEEPING OF RACING GREYHOUNDS

SAMPLE Agreement between Person in Charge and veterinarian

I, _____, hereby declare that as a veterinary practitioner registered under the *Veterinary Practice Act 1997*, agree to be nominated as the veterinary practitioner for all racing greyhounds under the care of the following Person in Charge.

Person in Charge name/s:

GRV member number:

Establishment address:

Establishment Proprietor (if different):

Proprietor contact details:

I am capable of, and agree to provide, the following services for all greyhounds kept at the establishment listed above:

- use of my veterinary facilities for the treatment of greyhounds
- isolation housing if the establishment does not have separate isolation housing; and the supervision of greyhounds in isolation at the establishment
- advice on, and sign off for, the relevant components of the Establishment and Health Management Plan (EHMP) for the establishment
- vaccination certificates and up to date health details for the Greyhound Record of each greyhound being sold or transferred from the establishment, prior to transfer or sale
- humane euthanasia in accordance with section 4.3 of the Code of Practice for the Keeping of Racing Greyhounds
- advice and approval regarding emergency euthanasia methods and personnel to carry out those methods.
- veterinary assistance for the establishment in accordance with the EHMP
- provision of treatment and/or services to the establishment within a reasonable time (relative to the condition reported by the Person in Charge)
- 24-hour contact or treatment, or veterinary services through the following alternative 24-hour emergency practice:

Nominated 24-hour/emergency practice (if applicable)

Practice name:

Practice address:

Practice contact details:

Signed: _____

Date: _____

Veterinary Practitioners Registration Board of Victoria Number: _____

Contact number:

Practice name and ABN:

Practice address:
