# 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: