

# Race Meeting Injury Scheme Application Form

## Instructions to complete the Application Form:

Please complete the form below if you are the owner of a greyhound that has sustained an Eligible Injury during a Race Meeting or an Official Steward's Trial that required a surgical procedure that costs in excess of \$1,000 (inc. GST) and you would like to apply for treatment and/or rehabilitation funding under the Race Meeting Injury Scheme.

### What is an Eligible Injury?

The following injuries will be covered under the Scheme:

- (a) bone fractures;
- (b) tendon injuries;
- (c) ligament injuries; or
- (d) any other injury determined to be life threatening by the on-course veterinarian.

Muscle injuries are not Eligible Injuries unless the on-course veterinarian determines that they are life threatening.

### What supporting information do I need to provide with this Application Form?

You will need to provide:

- (a) all clinical notes from your veterinarian; and
- (b) itemised invoices and receipts for the veterinary treatment provided to your greyhound.

## 1. Applicant details

<b>Name</b>	
<b>Licence number</b>	
<b>Address</b>	
<b>Contact number</b>	
<b>Email address</b>	

## 2. Information about your greyhound

<b>Race name</b>	
<b>Kennel name</b>	
<b>Ear brand</b>	
<b>Whelping date</b>	
<b>Gender</b>	

## 3. Details of the Race Meeting / Official Steward's Trial where the injury occurred

<b>Date</b>	
<b>Racetrack</b>	
<b>Race number</b> <i>(if an Official Steward's Trial write "Official Steward's Trial")</i>	

<b>Name of the on-course veterinarian</b>	
<b>Name of the Steward in charge of the Race Meeting / Official Steward's Trial</b>	

#### 4. Initial on track assessment - *On-course veterinarian to complete*

Description of the initial assessment of the injury and the care provided by the on-course veterinarian:

<p>On-course veterinarian signature: _____</p>
--

#### 5. Off-course veterinary treatment details

<b>Veterinary clinic</b>	
<b>Attending veterinarian</b>	
<b>Date of examination</b>	
<b>Details of the injury</b>	
	<p>Off-course veterinarian signature: _____</p>

#### 6. Rehabilitation details

<b>Veterinarian prescribed rehabilitation period and plan</b>	
	<p>Off-course veterinarian signature: _____</p>
<b>Proposed address for rehabilitation</b>	

Contact number for rehabilitation address	
Email address for rehabilitation address	

## 7. Post recovery plan for your greyhound

- Breeding
- Retire as a Pet (Trainer)
- Retire as a Pet (Owner)
- Placement in the Greyhound Adoption Program Queensland

## 8. Privacy Statement

By submitting this Application Form, you understand and agree that Racing Queensland may use and disclose the personal information provided by you for the purpose of processing your application in accordance with the Race Meeting Injury Scheme and for any of the purposes set out in Racing Queensland's Privacy Policy (available at [www.racingqueensland.com.au/Privacy-Policy](http://www.racingqueensland.com.au/Privacy-Policy)), which contains information about how you may access and seek correction of your personal information or complain about a breach of your privacy, and how Racing Queensland will deal with that complaint. Racing Queensland may also disclose your personal information to other parties, including Racing Queensland's third party service providers. From time to time, these third parties may be located (and so your personal information may be disclosed) overseas, including in India, the USA and the UK, and other countries from time to time. Racing Queensland may use your personal information for direct marketing purposes, unless you opt out (which you can do at any time by writing to us). You can request to access, update or correct any personal information we hold about you by writing to Racing Queensland's Privacy Officer at PO Box 63, Deagon QLD 4017 or sending an email to [privacy@racingqueensland.com.au](mailto:privacy@racingqueensland.com.au).

## 9. Declaration

- I have read the Race Meeting Injury Scheme.
- I declare that the information provided on this Application Form is true and correct.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Application checklist

- I have attached all clinical notes from my veterinarian.
- I have attached itemised invoices and receipts for the veterinary treatment provided to my greyhound.

**Applications without the above supporting information will not be processed.**

**Please return your completed Application Form to Racing Queensland by email or post:**

**Email:** [injuryscheme@racingqueensland.com.au](mailto:injuryscheme@racingqueensland.com.au)

**Post:** Attention: Greyhound Department  
Racing Queensland Board (trading as Racing Queensland)  
PO Box 63  
Sandgate QLD 4017