



Greyhound Adoption Program Submission Form

PERSONAL DETAILS

Name of Owner/Trainer:		RQ Licence No.	
Street address:			
Suburb:		Post code:	
Mobile number:		Home number:	
Email:			

Being the legal Owner and/or Trainer of the animal described below, I hereby agree to release, and transfer ownership without charge or reservation, the animal to the Greyhound Adoption Program (GAP) Queensland. I confirm that this animal is my own property, relinquish any claims that I may have on this animal, and request that GAP take the necessary steps in order to re-home this animal. In accordance with the Animal Management (Cats and Dogs) Act 2008, only greyhounds that pass the GAP Behavioural Assessment will be offered for adoption through GAP. I understand that should the animal be euthanised it will be as a consequence of the greyhound failing the Greyhound Adoption Program National Temperament Test on three (3) isolated occasions.

GREYHOUND DETAILS:

Kennel name:					
Registered race name:					
Microchip:				Whelp date:	
Colour:				Gender:	
Left ear brand:				Right ear brand:	
Health information	(please select)			Approximate date of last treatment:	Product used:
Is the dog on flea preventative?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is the dog on tick preventative?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is the dog on worm preventative?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Does the dog have a current C5 vaccination?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

My signature acknowledges the direction given by GAP staff to treat the dog detailed above within 7 days prior to submission to GAP with an appropriate, or combination of appropriate, veterinary approved parasite prevention medications from the following list of approved products, which protects the greyhound from fleas, intestinal worms and heartworm when used in conjunction. Comfortis, Sentinel, Advantix, Advocate, Frontline Plus, Heartgard, Milbemax, Drontal, Nexgard.

Owner/Trainer signature		Date	
-------------------------	--	------	--



Has the dog ever had a serious injury?	Yes		No		
Describe injury:					
Has the dog had an injury in the past 6 months?	Yes		No		
Describe injury:					
Does the dog have any pre-existing medical conditions?	Yes		No		
Details:					
Has the dog been on any medications in the past 6 months?	Yes		No		
Details:					
Does the dog have any special dietary requirements?	Yes		No		
Details:					
Does the dog have any other medical conditions/injuries to report?	Yes		No		
Details:					



Has the dog/bitch been desexed?	Yes		No		If yes, please provide details including surgeon:
					If no, when was the bitch's last season:
If the dog is cryptorchid, have either/or both testicles been surgically removed?	Yes		No		If yes, please provide details including surgeon:
Has the bitch had any litters?	Yes		No		If yes, how many litters?
					When was her last litter whelped?
					Was a caesarean performed?
Additional comments or information that you'd like to provide GAP:					
If this dog does not successfully pass the GAP Behavioural Assessment, I wish to be notified.					
If this dog does not successfully pass the GAP Behavioural Assessment, I do not wish to be notified.					
I give my permission for my contact details to be given to the new owner of this dog.					
I do not give my permission for my contact details to be given to the new owner of this dog.					
<i>My signature confirms that the above information is true and correct. I am the legal Owner and/or Licensed Trainer of the above named dog. As the Licensed Trainer, I have the Owner's permission to submit the dog named above to GAP. I understand that in the event that this dog is determined to be unsuitable for rehoming by GAP, it will be humanely euthanised. I understand that I will be given the option to be notified should the dog not successfully pass the GAP Behavioural Assessment. I understand that I will be given the option to have the dog released from the GAP program, into my direct supervision at this time.</i>					
Owner/Trainer name:					
Owner/Trainer signature:					Date:

OFFICE USE ONLY		GAP Representative:	
Date received:		Confirmed submission date:	