



QUEENSLAND RACING INTEGRITY COMMISSION

A better industry, together

TREATMENT RECORD REGISTER

This Treatment Record Register belongs to:

(Trainer)

of _____

(Kennel Address)

The aim of this treatment record register is to assist registered persons to meet the requirements of GAR 84A - Treatment Records.

Participants should ensure they are aware of all Greyhound Racing Rules including any updates which are available online at www.qric.qld.gov.au

V1.00 | Reference number **2833**

Refer to the Commission's privacy policy on our website.

Queensland Racing Integrity Commission
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Office Hours: 8:30am to
4:00pm, Monday to Friday
Closed public holidays

GAR 84A Treatment Records

- (1) The person in charge of a greyhound must keep and retain records detailing all vaccinations, antiparasitics and medical treatments administered to a greyhound from the time the greyhound enters their care until the greyhound leaves their care and for a minimum of two (2) years. Such records must be produced for inspection when requested by a Steward or a person authorised by the Controlling Body.
- (2) Each record of treatment kept in accordance with this rule must, as a minimum requirement, include the following information:
 - a) Name of the greyhound;
 - b) Date of administration of the treatment;
 - c) Name of the treatment (brand name or active constituent);
 - d) Route of administration;
 - e) Amount given;
 - f) Name and signature of person or persons administering and/or authorising treatment.
- (3) For the purposes of this rule “treatment” includes:
 - a) All Controlled Drugs (Schedule 8) administered by a veterinarian;
 - b) All Prescription Animal Remedies and Prescription Only Medicines (Schedule 4);
 - c) All injectable veterinary medicines not already specified in this rule;
 - d) All Pharmacist Only (Schedule 3) and Pharmacy Only (Schedule 2) medicines;
 - e) All veterinary and other medicines containing other scheduled and unscheduled prohibited substances.
- (4) It shall be an offence:
 - a) For any person to administer or allow to be administered to any greyhound, any Permanently Banned Prohibited Substance referred to in GAR79A
 - b) For any person other than a Veterinary Surgeon to prescribe, administer or allow to be administered to any greyhound, any Schedule 4 or Schedule 8 substance listed in the *Standard for the Uniform Scheduling of Medicines and Poisons* contained in the *Australian Poisons Standard*, as amended from time to time.
 - c) Sub rule (4)(b) shall not apply where a prescription for the substance was issued by a Veterinary Surgeon who prescribed the substance for the greyhound after personally examining that greyhound.

Common Acronyms

Route of Administration

- SC – subcutaneous (under the skin)
- IM – intramuscular (into the muscle)
- IV – intravenous (into the vein)
- PO – per os (by mouth or orally)
- IA – intra-articular (into the joint)
- TOP – topical (on the surface e.g. skin, eye)

Treatment Frequency

- SID – once per day
- BID – twice per day
- TID – three times per day
- QID – four times per day
- EOD – every other day

Medication Strength

- mg – milligrams
- mL – millilitres
- µg – micrograms

Medication Form

- tab – tablet
- inj – injection

Vaccination Type

- C3 – canine parvovirus, distemper and hepatitis
- C4 – C3 + canine parainfluenza (kennel cough)
- C5 – C4 + bordetella bronchiseptica (kennel cough)
- 2i – canine coronavirus and leptospirosis

| Record of All Purchased Treatments | | | | |
|------------------------------------|--------------------------------|-------------------------|--------------------------------|--------------------------------|
| Date Purchased | Treatment | Volume/Amount | Purchased/Supplied by | Discard Date |
| <i>E.g. 1/2/2014</i> | <i>E.g. Pentosan Injection</i> | <i>E.g. 20mL bottle</i> | <i>E.g. Belmore Vet Clinic</i> | <i>E.g. 1/4/2016 (expired)</i> |
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| Treatment Records | | | | Greyhound / Kennel Name: Earbrand: | |
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| Date of Treatment | Treatment Administered | Method of Administration | Amount Given | Name and Signature of Person Administering | Name of Person Authorising Treatment |
| <i>e.g</i> 21/2/2013 | <i>Oestrotain</i> | <i>PO</i> | <i>1 tab SID</i> | <i>Trainer name & signature</i> | <i>Vet name</i> |
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