



Race-Meeting Barking Muzzle Exemption Application form (webform)

Part B – On-Track Veterinarian Clearance Certificate

This section must be completed and signed by an OTV.

Greyhound Name		Microchip number	
Ear Brand		Racetrack (if more than one, list all relevant tracks)	
OTV Name		Vet Board Number	
Describe anti-barking device	Please attach at least two photographs of the muzzle, one fitted to the greyhound, and one not fitted to the greyhound.		
Anti-barking device criteria (all must be met)	<input type="checkbox"/> Muzzle does not completely close mouth <input type="checkbox"/> Muzzle does not rub or cause injury to greyhound <input type="checkbox"/> Anti-barking device does not cause sensory deprivation		
Approval date		Review date: (Must not be more than 6 months from the approval date)	

I, _____, as a registered veterinarian, declare I have examined the greyhound named above and the anti-barking device provided by the Person in Charge of the greyhound. It is my professional opinion the use of the anti-barking device listed above, used in the manner described above, during a race meeting will not compromise the welfare of the greyhound. I understand this approval cannot be more than 6 months from the approval date.

Signature: _____

Date: _____

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