

RACE MEETING INJURY SCHEME APPLICATION FORM



Instructions to complete the Application Form:

Please complete the Race Meeting Injury Scheme Application Form if you would like to apply for reimbursement under the Race Meeting Injury Scheme (the Scheme).

Who can apply for reimbursement under the Scheme?

The Applicant must be the trainer or owner of a Greyhound that sustained an eligible injury, or, for the purposes of initial diagnostic procedures, in the opinion of the on-course veterinarian is suspected to have sustained an eligible injury, at a Greyhound Race or Official Steward's Trial.

What is an Eligible Injury?

The following injuries are an Eligible Injury under the Scheme:

- i. fractures;
- ii. dislocations above or including the carpus (wrist) or hock;
- iii. tendon or ligament injuries requiring surgery;
- iv. other injuries which, in the opinion of the on-course veterinarian, are life threatening and require immediate referral to an off-course veterinarian for emergency treatment.

Muscle injuries and lacerations are not an Eligible Injury under the Scheme, unless the on-course veterinarian determines that the muscle injury or laceration may reasonably be considered a life-threatening injury requiring immediate referral to an off-course veterinarian for emergency treatment.

What supporting information do I need to provide with this application form?

To apply for reimbursement under the Scheme, the Applicant must:

- A. complete the Race Meeting Injury Scheme Application Form; and
- B. provide the following supporting documentation:
 - A. all clinical notes from the attending off-course veterinarian/s; and
 - B. copies of any diagnostic imaging for which reimbursement is sought; and
 - C. itemised invoices and receipts for payment for veterinary treatment provided.

1. Applicant details

Name:	
Licence number:	
Contact number:	



2. Information about your greyhound

Race name:	
Kennel name:	
Ear brand:	

3. Details of the Greyhound Race or Official Steward's Trial where the eligible injury occurred

Date:	
Racetrack:	
Name of the on-course veterinarian:	
Name of Steward in charge of the Race Meeting / Official Steward's Trial:	

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

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

On-course veterinarian name: _____

On-course veterinarian signature: _____

5. Off-course veterinary treatment details - *Off-course veterinarian to complete*

Veterinary clinic:	
Name of veterinarian:	
Date of examination:	
Diagnosis:	
Recommended Treatment:	
Outcome:	

1. Are you aware that under the Race Meeting Injury Scheme, Racing Queensland will reimburse the owner/trainer for the cost of surgical repair of an eligible injury, up to \$5,500 and provide financial assistance to support post-surgical rehabilitation?

Yes No

2. If the greyhound was found to have sustained an eligible injury, and subsequently the decision was made to euthanase the greyhound, what was the reason for electing to euthanase the greyhound rather than performing (or referring for) surgical repair?

Off-course veterinarian name: _____

Off-course veterinarian signature: _____

6. Rehabilitation details

Rehabilitation plan as prescribed by the off-course veterinarian:	Off-course veterinarian name: _____ Off-course veterinarian signature: _____
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7. Post recovery plan for your greyhound

- Breeding
- Return to Racing
- Placement in the Queensland Greyhound Adoption Program
- Retire as a Pet (other than to the Queensland Greyhound Adoption Program)

8. Privacy Statement

By submitting the Race Meeting Injury Scheme 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. The personal information collected in this form may also be used or disclosed by Racing Queensland in accordance with Racing Queensland's Privacy Policy:

<https://www.racingqueensland.com.au/privacy-policy>

9. Declaration

- I have read the Race Meeting Injury Scheme and I agree to the terms and conditions in full; and
- I declare that the information provided on this Application Form is true and correct.

Signature: _____

Name: _____

Date: _____

Application checklist

I have attached all supporting documentation:

- all clinical notes from the attending off-course veterinarian/s; and
- copies of any diagnostic imaging for which reimbursement is sought; and
- itemised invoices and receipts for payment for veterinary treatment provided.

Applications without the above supporting documentation will not be processed.

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

Email: injuryscheme@racingqueensland.com.au

Post: Attention: Greyhound Department
Racing Queensland
PO Box 63
Sandgate QLD 4017