

TO:

**Greyhound Racing Integrity Unit** 

I (print name), being the registered tra the greyhound (print name) Sex (bitch or dog):	
the p	rohibited substance/s:
The	reason I make this request is that this greyhound
(i)	entered my kennel on
	greyhound may have received
	OR
(ii)	was treated on/ with
	(state name of product, dose and route of administration)
The	treatment was administered/prescribed (delete as appropriate) by
	(print name of veterinarian)
whick subs Raci	lerstand that the urine will be screened only for those prohibited substances that RASL and GRV allow, in generally will not include permanently banned prohibited substances or short acting prohibited tances (i.e. those with short detection times). I will ensure payment of \$175 is made to Greyhounding Victoria prior to testing. I understand that the sample will be collected, packaged and sealed by GRV tards in accordance with GRV's Swab Sampling Policy and Procedures.
that	greyhound from which this sample has been taken is presented for an Event and a sample is taken from greyhound which returns a positive result to any prohibited substance, I acknowledge that I remain at all stotally responsible under the Greyhound Australasia Rules with respect to that positive result.
guar	her acknowledge that any 'not detected' result obtained following the analysis of this sample does not antee that any future sample from this greyhound will also be 'not detected', and that any 'not detected' t does not confirm that a prohibited substance was not administered to the greyhound.
Sign	edDate/
Print	name
Offic	e use only
Appr	oved by Chief Veterinarian: YES/NO Approved by Chief Steward: YES/NO
Arrar	ngements for sample collection:
Sign	edDate/
GRIU	J REPRESENTATIVE:
Date	sample collected/