

# Greyhound Adoption Program Health Screening Form

**Greyhound Health Screening Form –Section B is to be completed by a veterinarian in the presence of the owner.** The Greyhound Adoption Program reserves the right to exclude greyhounds from entry into the program. Greyhounds that are aggressive, excessively nervous or fearful, or that are suffering from chronic and/or serious health conditions will not be accepted into the program.

## SECTION A –To be completed by the owner/trainer

### 1. PERSONAL DETAILS

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

### 2. GREYHOUND DETAILS

Kennel name:			
Registered race name:			
Microchip:		Whelp date:	
Colour:		Gender:	
Left ear brand:		Right ear brand:	
Weight:		Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health information	(please select yes or no)		Date of last treatment
Is the dog on flea preventative?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Product used
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 confirms that the above and following 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 returned to me.**

**Describe any physical or behavioural issues that may impact on the quality and/or duration of the dog's life e.g. unexplained or persistent lameness, digestive issues, fractures, heart murmurs, arthritis, aggression, anxiety or fearfulness:**

Owner/trainer signature		Date	
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**SECTION B – To be completed by a veterinarian**

Standing heart rate		Temperature	
<b>General health of this greyhound</b> <input type="checkbox"/> Chronic disease or disorder <input type="checkbox"/> Minor complaints associated with normal aging <input type="checkbox"/> Chronic conditions resulting in occasional flare-ups <input type="checkbox"/> Chronic illness requiring on-going treatment		<b>Greyhound's Reaction to Examination</b> – Describe the dog's reaction to being handled and examined <input type="checkbox"/> Accepts handling calmly <input type="checkbox"/> Dislikes handling – describe whether the dog is fearful, aggressive etc. <input type="checkbox"/> Unable to be handled – describe whether due to aggression or fear	

Physical Examination and General Condition – please provide details of any conditions that are unsatisfactory			
<b>Body condition</b>	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Coat and skin</b> – lesions, infections etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Eyes</b> - lids, conjunctiva, cornea, pannus etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Ears</b> - appearance, discharge, mites, odour etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Nose/Mouth/Throat</b> - appearance, lesions, discharge etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Dental</b> - occlusion, breath, teeth condition, gingiva etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Head and Neck flexion</b>	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Thorax &amp; Heart</b> - auscultation, murmur, arrhythmia, lungs & breathing	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Abdomen &amp; Withers &amp; Back</b> - tension, tenderness, sensitivity, deformities, swelling etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Mammary glands and genitalia</b> – discharge, infection, growths etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Legs and Feet</b> - tenderness, joint movement, sensitivity etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Locomotion</b> – normal gait, lameness, paresis etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Tail</b> - happy tail, strains, lesions, anal sacs, sensitivity to manipulation etc.	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

**Note any physical or behavioural issues that may impact on the quality and/or duration of the dog's life e.g. unexplained or persistent lameness, fractures, heart murmurs, arthritis, aggression, anxiety or fearfulness (attach further information if required)**

*I, the undersigned licenced veterinarian certify that I have verified the identity of, and examined, the above greyhound and that above information is true and correct*

<b>Veterinarian</b>		<b>Date</b>	
<b>Address</b>		<b>Practice Stamp</b>	
<b>Phone</b>			
<b>Signature</b>			