

GREYHOUND VACCINATION REIMBURSEMENT

PERIOD 12/2/2026 – 27/3/2026

1. Applicant Details

Name	
Licence Number	
Address	
Contact Number	
Email Address	

2. Greyhound Information

Race Name	
Kennel Name	

Ear Brand	
Microchip Number	
Gender	
Colour	

3. Vaccination Details

Veterinary Practice	
Kennel Cough Booster Vaccine administered	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date administered (date administered is to be between 12/2/26 – 27/3/26)	
Amount	\$

Vaccination Certificate attached	Yes <input type="checkbox"/>
Invoice attached	Yes <input type="checkbox"/>

I confirm that the vaccinated greyhound is an active racing greyhound

Applicant Signature:

Name:

Date:

Please send application, Invoice and Vaccination Record to:

Email: welfare@tasracing.com.au