



Greyhound Muzzle Exemption Application

Applicant's Name (registered owner) _____

Street Address _____

Postcode _____

Contact Details

(p) _____ (m) _____ (e) _____

What is the best way to contact you in relation to this application?

Greyhound Description

Greyhounds Name: _____

Registration no. _____ Council _____

Microchip _____ Ear brand _____

Sex _____ Date of birth / estimated age _____

Colour _____ Markings _____

Greyhound Adoption Program SA Green Collar Number (if applicable) _____

I request that the above identified greyhound is exempted from Section 45C (1) (b) (i) of the Dog and Cat Management Act 1995. I will provide the following in support of my application:

[] Greyhound Muzzle Exemption Safety Certificate (required)

[] Profile photo* of the greyhound (required)

Signed _____ Date ____/____/____

Address all correspondence to:

The Board Secretary
Dog and Cat Management Board
PO Box 1047
ADELAIDE SA 5001

Official use only
Application granted
Yes / No

*electronic images can be sent to dcmb@sa.gov.au