



2015 / 16 season

THIS INFORMATION IS REQUIRED BY THE N.P.W.S.

**Coursing - Data Report**

**CLUB NAME:** NISNAGH

**Date:** 7-8 November 15

Column Name		A	B	C	D	E	F	G	H
Event Start Date		Total Hares at start of each day	Total Competitive Courses Run each day	Total Reserve Trials Run each day	Total Hares that required Assistance during Course (see 1 below)	Total Hares Examined by Vet from Col (D)	Total Hares Requiring Treatment from Vet for Injuries from Col (E)	Total Hares Euthanized by Vet from Col (F)	Total Hares which Died from Injuries or Natural Causes as Confirmed By Vet (Excluding G)
Day	Date								
1	7-11	92	72	34	2	2	0	0	0
2	8-11	92	548	1	2	2	0	0	0
3									
Totals		92							

A. Did any Hares escape? If so, please state number

B Are all Hares accounted for? (escaped or otherwise) YES YES/NO \_\_\_\_\_

(1) Hare assisted by Hare Steward during course

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Column Name		I	J
Day	Date	Amount Released	Release Locations
1			
2			
3			
Other	11-11-15	92	KILRUANE - TOOMEVARA - BALLYWILLIAM - ARDCRONEY BALLYMACKEN, KNOCKSHE MOANAFIN
Totals			

MICHAEL M  
*(Signature)*

Control Steward  
**MICHAEL MOLONEY**  
Signature: *(Signature)*

POST  
12 NOV 2015

# VETERINARY REPORT FORM

Season 2015/2016

To be completed by Veterinary Surgeon only

Name of Club NE N A G H  
 Date(s) 7 and 8 NOVEMBER

	Day 1	Day 2	Day 3
1. Number of hares at start of each day?	92	92	
2. Number of hares fit for coursing? X	92	90	
3. Number of hares examined for injuries by Veterinary Surgeon during or after coursing?	2	2	
4. Number of hares requiring treatment from Veterinary Surgeon for injuries during or after coursing?	0	0	
5. Number of hares euthanized by Veterinary Surgeon as a result of confirmed injuries	0	0	
6. Number of hares which died as a result of injuries or natural causes as confirmed by Veterinary Surgeon. (Not including hares which were euthanized)	0	0	
7. Number of Post Mortems conducted? Please give details separately if necessary.	0	0	

X Hares that required the assistance of the Hare Steward must not be coursed again under any circumstances (despite health status)

Signed Carrie Murray (A qualified veterinary practitioner)  
 Name CAROLINE MOWERS ETY (Please use block capitals)

Contact details \_\_\_\_\_  
 Date 9.11.15

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This must be submitted to Mr. D. J. Hickey, Secretary, Irish Coursing Club, Davis Road, Clonmel, Co. Tipperary within 7 days of your meeting taking place.