



Breeding exemption application form

This form is to be completed if you want to breed a greyhound who is over 8 years of age or after 3 litters. If approved, you will be permitted one service or insemination regardless if pups are whelped or not.

You cannot breed from a breeding female when over 8 years of age or after 3 litters without the approval of the Commission.

Under the Greyhound Racing Rules, she will not be active for further breeding unless you are granted approval from GWIC by filling out this form. If you are granted approval, you will be permitted one additional service of insemination regardless of the result.

The physical examination by a vet must be obtained within 120 days prior to the date of the additional service.

Exemptions will be refused for greyhounds aged 10 or over and/or greyhounds who have had 5 or more litters.



C5 vaccination record:

Your application must include C5 vaccination record.

If the document is missing, this may delay the processing of your application.

Greyhound details:

Greyhound name: _____

Microchip number: _____ GWIC ear tattoo: _____

DNA number: _____ Colour: _____

Whelp date (dd/mm/yyyy): _____

Owner details:

GWIC Registration number: _____

Name: _____

Phone number/s: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____



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General physical examination - must be completed by a veterinarian:

General health status

a) Physical body condition: Good Moderate Poor Comments: _____

b) Teeth and gums: Good Moderate Poor Comments: _____

c) Temperament: Good Moderate Poor Comments: _____

d) Eyes: Normal Abnormal Comments: _____

e) Head: Normal Abnormal Comments: _____

f) Limbs: Normal Abnormal Comments: _____

g) Heart auscultation: Normal Abnormal Comments (include heart rate): _____

h) Muccous membrane and capillary refill time: Normal Abnormal Comments: _____

i) Abdominal palpation: Normal Abnormal Comments: _____

j) Feet: Normal Abnormal Comments: _____

k) Gait and soundness: Normal Abnormal Comments: _____



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l) Skin: Normal Abnormal Comments: _____

m) Tail: Normal Abnormal Comments: _____

n) Palpate mammary glands: Normal Abnormal Comments: _____

o) Vulval conformation Normal Abnormal Comments: _____

p) Vulval discharge: Normal Abnormal Comments: _____

Heritable disease:

The greyhound has been diagnosed by me or there is a reason to believe it has a heritable disease or defect:

Yes No

If yes, please provide details:

For the purposes of this certificate of breeding health it is not a requirement to conduct either clinical pathology, internal or ultrasound investigations to determine general breeding health.

However, it is at the discretion of the owner, in consultation with the certifying veterinarian, whether further more in depth investigations, such as abdominal ultrasonography and cervical inspection, are warranted based on the initial findings of this broad examination and the bitches reproductive history.

Where further investigations have taken place then the results of these investigations should be provided attached to this document and submitted with this application.

Veterinarian declaration:

Name of veterinarian: _____ Vet registration number: _____

Name of veterinary clinic: _____ Date of examination (dd/mm/yyyy): _____

I, being a registered Veterinarian, confirm that I have been presented the prescribed animal on this application form, which I have examined in accordance with the prescribed standards and procedures.

Signature: _____ Date (dd/mm/yyyy): _____



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Premises at which the greyhound will be bred:

GWIC Registration number: _____

Property owner name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Reproductive history

Please provide details of previous whelpings, if natural or by caesarean section, any external or medical intervention and the performance of the litter.

First litter

Sire name: _____ Whelp date (dd/mm/yyyy): _____

Provide history of whelping:

Second litter

Sire name: _____ Whelp date (dd/mm/yyyy): _____

Provide history of whelping:

Third litter

Sire name: _____ Whelp date (dd/mm/yyyy): _____

Provide history of whelping:



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Has this female previously experienced:

Normal oestrus patterns: Yes No Ease of conception: Yes No

Normal gestation periods: Yes No Normal passage of foetal membranes: Yes No

If No to any questions, please provide details:

Detail frequency of current oestrus patterns:

Detail any other significant abnormal clinical history during previous attempts at reproduction:

Payment:

Once your application has been approved, you will be contacted for payment by phone or you will receive a secure pay link via email. Payments can be made with credit or debit card, PayID, PayPal and BPay

Signature of applicant: _____ Date (dd/mm/yyyy): _____

This completed form must be provided to GWIC by either:



Email: registration@gwic.nsw.gov.au



In person: Level 1, 230 Howick Street, Bathurst, NSW



By post: PO Box 178, Bathurst, NSW, 2795

If assistance is required with this application, please contact our Registration Team on 13 49 42 (13 GWIC)