



# Breeding health and fitness certificate



This form is to be completed if you wish to breed a female greyhound.

Rule 127 (8) of the Greyhound Racing Rules provides authority for the Commission to ask you for information in relation to your greyhound.



## Forms required for this application:

Your application must include C5 vaccination record and Greyhound Racing Identification card. If these documents are 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): \_\_\_\_\_

Retired for breeding:  Yes  No

Racing and breeding:  Yes  No

## General physical examination - must be completed by a veterinarian:

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### 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: \_\_\_\_\_



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f) Limbs:  Normal  Abnormal Comments: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

h) Mucous 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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

General comments: \_\_\_\_\_

\_\_\_\_\_



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## 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 bitch's reproductive history.*

*Where further investigations have taken place, 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): \_\_\_\_\_