

BREEDING FEMALE REGISTRATION APPLICATION FORM



Your application must include:

C5 vaccination record

Greyhound Racing Identification card

Checklist

Any missing documents can delay the processing of your application.

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.

Greyhound details

Greyhound's name

Ear brand

Colour

Microchip no.

DNA no.

Whelp date

 / /

Retired for breeding

Yes

No

Racing and breeding

Yes

No

Owner details

Mr

Mrs

Miss

Ms

Other

First name

Surname

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Do you intend to act as the Breeder for this Dam?

Yes

No

Premises at which the greyhound will be whelped

Property owner name

Existing Registration Number

Address

Suburb

State

Postcode



General physical examination - this must be completed by a Veterinarian

General health status

	Good	Moderate	Poor	Comments
a) Physical body condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Teeth and gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

	Normal	Abnormal	Comments
d) Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e) Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f) Limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g) Heart auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heart rate <input type="text"/>			
h) Mucous membrane and capillary refill time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i) Abdominal palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k) Gait and soundness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l) Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n) Palpate mammary glands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o) Vulval conformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p) Vulval discharge (if present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General 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

/

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 of veterinarian

Date

/

Payment details (please visit our website for the current fees)

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

/

Please submit this completed form to GWIC by either:

- **Email** - registration@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our Registration and Welfare Team on 13 49 42 or email registration@gwic.nsw.gov.au.