

10 - 16 WEEK VACCINATION DETAIL CERTIFICATE



This form must be completed with vaccination details and returned to GWIC prior to an integrity officer attending your property to earbrand and microchip the litter.

SIRE		DAM	Whelping date
<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 1	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 2	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 3	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 4	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 5	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 6	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 7	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 8	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 9	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 10	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Veterinarian's name	Veterinarian's signature	Date vaccinated	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Owner / breeder name	Owner / breeder signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

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Pup 1	Sex	Colour	Vaccination
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Pup 2	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 3	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 4	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 8	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 9	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Pup 10	Sex	Colour	Vaccination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Veterinarian's name	Veterinarian's signature	Date vaccinated	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Owner / breeder name	Owner / breeder signature	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	



Please submit this completed form to GWIC:

- By email to registration@gwic.nsw.gov.au (applications lodged by email must be paid by credit card)
- By post addressed to: GWIC, PO Box 718, Bathurst NSW 2975
- In person at: Greyhound Welfare and Integrity Commission, Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact GWIC Customer Service team on 1800 951 755 or email registration@gwic.nsw.gov.au.