

# GREYHOUND BREEDING FEMALE – BREEDING HEALTH AND FITNESS CERTIFICATE



To accompany an application to breed a fourth or subsequent litter or from a greyhound over the age of eight

To be completed by a registered veterinarian

## 1. Identification (Details of greyhound requiring approval)

Greyhound's name

Whelp date

 /  / 

Microchip no.

Ear brand

Colour

## 2. Reproductive history

Has this bitch had a litter of pups previously?

 Yes  No

Date of last whelping

 /  / 

Has this bitch whelped normally during previous whelpings?

 Yes  No

Detail the number of prior normal whelpings

Has external or medical intervention during whelping been required previously?

 Yes  No

If YES, provide details here

Has this bitch undergone caesarean section previously?

 Yes  No

If YES, provide detail any/all history of this procedure including dates

Has this female previously experienced;

Normal oestrus patterns

 Yes  No

Normal gestation periods

 Yes  No

Ease of conception

 Yes  No

Normal passage of foetal membranes

 Yes  No

If NO to any of these questions, provide details here

Detail frequency of current oestrus patterns

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

## 2. General physical examination

General health status	Good	Moderate	Poor	Comments
a) Physical body condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
b) Teeth and gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
c) Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

General health status	Normal	Abnormal	Comments
d) Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
e) Head	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
f) Limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
g) Heart auscultation	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 40px;" type="text"/>
Heart rate	<input style="width: 100%; height: 20px;" type="text"/>		
h) Mucous membrane and capillary refill time	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
i) Abdominal palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" 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"/>
m) Tail	<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**

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.

### 3. Additional remarks

I find no reason, based upon the confines of this clinical examination and available history, that this bitch should not be considered fit and healthy to be used for breeding purposes at this time.

### 4. Veterinary surgeon declaration

Name of veterinarian

VSF reg no.

Name of veterinary practice

AIN no.

Date of examination

Presented (Greyhound name)

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

Signature (please sign)

Date

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### Please submit this completed form to GWIC:

- By email to [registration@gwic.nsw.gov.au](mailto: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](mailto:registration@gwic.nsw.gov.au).