



# 10-16 week vaccination certificate

All greyhound pups must have had a minimum of C5 vaccination by 10 to 16 weeks of age.  
This form must be completed with vaccination details and returned prior to litter registration.

## Details:

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Whelping date: \_\_\_\_\_

Veterinary clinic details: \_\_\_\_\_

Veterinarian name: \_\_\_\_\_ Veterinarian registration number: \_\_\_\_\_

Veterinarian signature: \_\_\_\_\_ Date vaccinated: \_\_\_\_\_

Breeder name: \_\_\_\_\_ Breeder GWIC registration number: \_\_\_\_\_

Breeder signature: \_\_\_\_\_

Pup #	Sex <i>please tick</i>	Colour	Vaccination sticker
Pup #1	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #2	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #3	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #4	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		



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Pup #	Sex <i>please tick</i>	Colour	Vaccination sticker
Pup #5	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #6	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #7	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #8	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #9	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #10	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		

This completed form must be provided to GWIC by either:



Email: [registration@gwic.nsw.gov.au](mailto:registration@gwic.nsw.gov.au)



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



By post: PO Box 718, Bathurst, NSW, 2795

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



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Pup #	Sex <i>please tick</i>	Colour	Vaccination sticker
Pup #11	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #12	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #13	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #14	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #15	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		
Pup #16	Dog <input type="checkbox"/>		
	Bitch <input type="checkbox"/>		

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