



RACING AND WAGERING WESTERN AUSTRALIA

ABN 21 347 055 603

Licensing & Registrations
14 Hasler Road Osborne Park WA 6017
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FORM 282 (1)

APPLICATION TO LICENCE AN ARTIFICIAL BREEDING STATION
(2011/2012)

All properties must be licensed with RWAA from the start of the each Standardbred Breeding Season before any Artificial Breeding techniques can be performed on or with any registered Standardbreds.

Once licensed, you will be issued with a Semen Summary Sheet on which you must record for submission all details of mares inseminated on that property for that Standardbred Breeding season.

The following fee structure applies for Artificial Breeding Stations that conduct Artificial Breeding procedures on mares not owned by the property owner. No fee is applicable to a registered veterinary practice or where only mares owned by the property owner will be subject to artificial breeding.

Table with 2 columns: Application period and Licence fee. Includes rows for applications lodged before 1 September 2009 to 31 August 2010 (\$600), 1 September 2010 to 31 August 2011 (\$400), and 1 September 2011 to 31 August 2012 (\$200).

I wish to have my property licensed to: (Please tick box(s) as required)

- Collect Semen from Stallion/s registered on my Stud/property and/or inseminate mares all within the bounds of my own property. (Fee Applies)
Inseminate only mares owned by the property owner all within the bounds of my own property. (No Fee)

Please also tick as required

- Transport Semen to another property.
Receive Semen from another property.
Freeze and/or store frozen Semen for distribution purposes.
Perform the procedure of Embryo Transfer - (Please note Embryo Transfer can only be performed by a Licensed Veterinary Surgeon. A Notification of Embryo Transfer form must be completed).

Property Name

Property Street Address

Suburb Post Code

Property Postal Address

Suburb Post Code

Property Telephone Mobile Fax E-mail

Property Owner's Name

Privacy - The information collected on this form will be used for the purposes of transacting Racing & Wagering Western Australia (RWAA) business.

**ACKNOWLEDGMENT BY PROPERTY OWNER**

I, \_\_\_\_\_ the property owner of \_\_\_\_\_, hereby authorise my property to be used as an Artificial Breeding Station in the manner proposed. **I declare that I have read and am aware of all the Rules, Regulations and conditions governing Breeding** and that all particulars in this application are true and correct and agree to abide by the RWWA Rules of Harness Racing.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCEPTANCE BY A PRACTISING VETERINARY SURGEON**

*In assessing the suitability of a premise regard should be had to the following:*

- (i) Applicant must demonstrate that records are available and up to date concerning movements of individually identified horses in and out of the premises, collection details and details of inseminations performed. Records must be sufficient to trace individual animals and their genetic products in the event of an outbreak of disease either on or beyond the premises.*
- (ii) The premises must have fences and gateways constructed so as to prevent the transmission of disease to stock on the premises, and prevent the unauthorised movement of stock onto, within or out of the premises.*
- (iii) The premises must have a quarantine area so situated that the drainage of effluent cannot flow onto or escape from that area to any other part of the premises to which stock have access;*
- (iv) The premises must have a hospital area for the housing, diagnosis and treatment of intercurrent diseases of horses which have been admitted to licensed premises;*
- (v) The premises must have appropriate equipment and area for the examination, appraisal, dilution and use of semen;*
- (vi) The premises must have;*
  - o Capacity to have a secure area, locked room*
  - o Availability or liquid nitrogen containers*
  - o Wash down area, sink, hot and cold water*
  - o Dust free area*
  - o Hygiene and cleanliness maintained at all times*
  - o Storage of semen in the appropriate containers at the required temperature*
- (vii) Collection of semen at the premises shall be means of an artificial vagina and not otherwise. Each stallion shall be allocated an artificial vagina which shall be clearly marked with the identity of the stallion;*
- (viii) All stock currently on the premises for the purpose of artificial breeding to have adequate permanent individual identification.*

*A RWWA Industry Veterinarian shall inspect and approve the premises on initial application prior to the issue of a licence. A re-inspection shall then be conducted every three years.*

I have inspected the above named property and I am satisfied that it conforms to the requirements for the purpose proposed.

Vet's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

**ON INITIAL APPLICATION THE ABOVE MUST BE SIGNED BY THE RWWA VETERINARIAN**

**Conditions Applicable to operation of Artificial Breeding at approved Breeding Station**

1. All persons associated with the property, performing procedures of Artificial Breeding must complete this form.
2. In accordance with RWWA Harness Rules of Racing 282, 284 and Regulations 90.3, 274, a person (other than a practising veterinarian) who wants to practice as an Artificial Breeding Technician, must be licensed with RWWA.

**PLEASE LIST BELOW ALL STAFF UNDERTAKING ARTIFICIAL BREEDING ACTIVITIES**

STAFF MEMBER (1)			
Please tick ✓ which one below is applicable. <b>Name of :</b>			
<input type="checkbox"/> Veterinary Surgeon <input type="checkbox"/> A.I. Technician <input type="checkbox"/> Studmaster <input type="checkbox"/> Stud hand			
Date of Birth:			
Address:			
Phone No:		Mobile No:	
Fax:		E-Mail:	
Qualifications and Experience:			

STAFF MEMBER (2)			
Please tick ✓ which one below is applicable. <b>Name of :</b>			
<input type="checkbox"/> Veterinary Surgeon <input type="checkbox"/> A.I. Technician <input type="checkbox"/> Studmaster <input type="checkbox"/> Stud hand			
Date of Birth:			
Address:			
Phone No:		Mobile No:	
Fax:		E-Mail:	
Qualifications and Experience:			

**STAFF MEMBER (3)**

Please tick ✓ which one below is applicable. **Name of :**

- Veterinary Surgeon    A.I. Technician  
 Studmaster    Stud hand

Date of Birth:

Address:

Phone No:

Mobile No:

Fax:

Fax:

Qualifications and Experience:

**STAFF MEMBER (4)**

Please tick ✓ which one below is applicable. **Name of :**

- Veterinary Surgeon    A.I. Technician,  
 Studmaster    Stud hand

Date of Birth:

Address:

Phone No:

Mobile No:

Fax:

E-Mail:

Qualifications and Experience:

**STAFF MEMBER (5)**

Please tick ✓ which one below is applicable. **Name of :**

- Veterinary Surgeon    A.I. Technician  
 Studmaster    Stud hand

Date of Birth:

Phone No:

Mobile No:

Fax:

E-Mail:

Qualifications and Experience:

I hereby declare that all the above particulars in this application in relation staff are true and correct and that I agree to abide by the RWWA Rules of Harness Racing.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of A.I. Technician / Veterinary Surgeon