

ABN 21 347 055 603

## Greyhound Breeding female - Breeding Health and Fitness Certificate

To be completed by a RWAA approved registered Veterinarian

### 1. Identification (Details of Greyhound to be Registered for Breeding)

Greyhound's Name		Whelp Date	____ / ____ / ____
Microchip No.		Ear Brand	Colour

### 2. Reproductive History

Has this bitch had a litter of pups previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last whelping		
Has this bitch whelped normally during previous whelping's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail the number of prior normal whelping's		
Has external or medical intervention during whelping been required previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide details here		
Has this bitch undergone caesarean section previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide detail any/all history of this procedure including dates		
Has this female previously experienced;		
• Normal oestrus patterns	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Normal gestation periods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Ease of conception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Normal passage of foetal membranes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/>	
b) Teeth and Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Health Status	Normal	Abnormal	Comments
d) Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
e) Head	<input type="checkbox"/>	<input type="checkbox"/>	
f) Limbs	<input type="checkbox"/>	<input type="checkbox"/>	
g) Heart Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Rate			
h) Mucous Membrane and Capillary Refill Time	<input type="checkbox"/>	<input type="checkbox"/>	
i) Abdominal Palpation	<input type="checkbox"/>	<input type="checkbox"/>	
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>	
k) Gait and Soundness	<input type="checkbox"/>	<input type="checkbox"/>	
l) Skin	<input type="checkbox"/>	<input type="checkbox"/>	
m) Tail	<input type="checkbox"/>	<input type="checkbox"/>	
n) Palpate Mammary Glands	<input type="checkbox"/>	<input type="checkbox"/>	
o) Vulval Conformation	<input type="checkbox"/>	<input type="checkbox"/>	
p) Vulval discharge (if present)	<input type="checkbox"/>	<input type="checkbox"/>	
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

<b>Name of Veterinarian</b>		<b>VSBS Reg No.</b>	
<b>Name of Veterinary Practice</b>		<b>AIN No.</b>	
<b>Date of Examination</b>		<b>Presented (Greyhound Name)</b>	
<p><b>I, being a RWWA Approved Veterinarian, confirm that _____ has presented the prescribed animal on this registration form, which I have examined in accordance with the prescribed standards and procedures.</b></p>			
<b>Signature</b>		<b>Date:</b>	