

Premises at which greyhound will reside

PROPERTY OWNER NAME:		LICENCE NO.:			
<input type="text"/>		<input type="text"/>			
KENNEL ADDRESS:	SUBURB:	STATE:	POSTCODE:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Second Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Third Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Fourth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Fifth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Sixth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Any other comments you wish to provide to support this application

COMMENTS:

Applicant's declaration

I, of

The above named applicant do solemnly and sincerely declare that the information tendered in this application is correct and accurate and that I have read all of the conditions appearing in this application and acknowledge and agree to abide by all such conditions contained herein and the Rules of Greyhound Racing. Made and subscribed by the above named and declared.

SIGNATURE OF APPLICANT:

DATE:

Rules & conditions for registering a 'Breeding Female'

Breeding Female registration:

- 56 (6) A female greyhound shall not be used for breeding purposes unless registered with a Controlling Body as a Breeding Female.
- 56 (8) Application for registration as a Breeding Female may be made by the owner of a Breeding Female or person authorised by the owner, by lodging with the Controlling Body in the state in which the relevant person resides:
- (a) A completed prescribed form together with a prescribed fee;
 - (b) At the expense of the applicant, a DNA fingerprint analysis on a sample taken by a veterinarian or other authorised person and carried out by a approved DNA laboratory; and
 - (c) Evidence of meeting the minimum vaccination requirements in rule 25 of these Rules.
- L56.1 A person may not apply for the registration of a Breeding Female unless they are registered as a breeder.
- 56 (9) The period of registration for a Breeding Female is to be one year from the current vaccination date pursuant to sub-rule (8)(c) of this rule.
- 56 (10) The granting of registration of a Breeding Female is conditional on the greyhound being in the control of the applicant or other person approved by a Controlling Body.
- L56.2 The registration of a Breeding Female shall be cancelled should the greyhound be transferred to, sold to or be under the care or custody of a person who does not hold registration as a breeder.

Breeding Restrictions:


- 57 (1) The owner of a Breeding Female, or person with authority to breed that female, must not cause any Breeding Female to be serviced if she is over eight (8) years of age, except if, prior to each service:
- (a) Veterinary certification of appropriate health and fitness of the Breeding Female which confirms that it is appropriate for her to whelp is obtained (which must be done within 120 days prior to the date of the further service); and
 - (b) the written approval of a Controlling Body is obtained.
- (2) If any approval is granted by a Controlling Body under subrule (1) of this rule, one further service only will be permitted under that approval, irrespective of the result of that service.
- 58 (1) The owner of a Breeding Female, or person with authority to breed that female, must not cause any Breeding Female to whelp more than three Litters, except if, prior to each service:
- (a) Veterinary certification of appropriate health and fitness of the Breeding Female which confirms that it is appropriate for her to whelp is obtained (which must be done within 120 days prior to the date of the further service); and
 - (b) the written approval of a Controlling Body is obtained.
- (2) If any approval is granted by a Controlling Body under subrule (1) of this rule, one further service only will be permitted under that approval, irrespective of the result of that service.
- 59 The owner of a Breeding Female, or the person with authority to breed that female, must not cause her to whelp more than two Litters in any 18 month period.

Identity Confirmation

- 60 (1) Prior to any service the studmaster or Artificial Insemination Technician must, positively identify the Breeding Female presented for service, and that can be done with reference to the Greyhound Breeding Identification Card. The studmaster or Artificial Insemination Technician must also, prior to any service, confirm that the Breeding Female is currently eligible for breeding. If there is any doubt about the identity of the Breeding Female or her eligibility for breeding, the person carrying out the identity examination must immediately inform the Controlling Body of the doubt and ensure that the Breeding Female is not serviced until the doubt has been resolved.

**Please Note: Ongoing registration as a Breeding Female will require you to maintain current vaccination status – details of booster vaccinations will need to be provided each year or she will not be eligible for breeding.*



X = SIGNATURE REQUIRED. To apply a digital signature to this form either:
(1) Use the "Sign Document" tool  OR (2) Select "Fill & Sign" from the menu.

Greyhound Breeding Female – Breeding health and fitness certificate

To be completed by a Registered Veterinarian

1. Identification (details of greyhound to be registered for breeding)

GREYHOUND'S NAME:	EAR BRAND:	COLOUR:	DNA NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MICROCHIP NO.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 AND/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:

3. General Physical Examination

General Health Status

- | | | | | | | | |
|---|--------------------------|------|--------------------------|----------|--------------------------|------|--|
| a) Physical Body Condition | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| b) Teeth and Gums | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| c) Temperament | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| d) Eyes | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| e) Head | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| f) Limbs | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| g) Heart Auscultation | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| Heart Rate: <input style="width: 80px;" type="text"/> | | | | | | | |
| h) Mucous Membrane and Capillary Refill Time | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| i) Abdominal Palpatation | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| j) Feet | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| k) Gait and Soundness | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| l) Skin | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| m) Tail | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| n) Palpate Mammary Glands | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| o) Vulval Conformation | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |
| p) Vulval discharge (if present) | <input type="checkbox"/> | Good | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Poor | COMMENT: <input style="width: 100%;" type="text"/> |

GENERAL COMMENTS:

Greyhound Breeding Female – Breeding health and fitness certificate

For the purpose 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 Bitch's reproductive history.

Where further investigations have taken place then the results of those investigations should be provided attached to this document and submitted with this application.

4. Additional Remarks

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

5. Veterinary Surgeon Declaration

NAME OF VETERINARIAN:	VSB REG No.:	NAME OF VETERINARY PRACTICE:	AIN NUMBER:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PRESENTED GREYHOUND NAME:	DATE OF EXAMINATION:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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:	DATE:
<input style="width: 95%; height: 40px;" type="text" value="X"/>	<input style="width: 95%; height: 25px;" type="text"/>

Personal Information Protection Statement

You are providing personal information to the Office of Racing Integrity, Tasmania (ORI), which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by ORI for the purpose of processing your application for a licence and/or registration and associated purposes, pursuant to the *Racing Regulation Act 2004*, associated legislation and the Rules of Racing as adopted by Tasracing from time to time. Failure to provide this information may result in your application not being processed or records not being properly maintained. Your personal information will be used for the primary purpose for which it is collected and may be disclosed to contractors and agents of Tasracing, Tasmanian race clubs, law enforcement agencies, courts and other organisations authorised to collect it. Your basic personal information may be disclosed to other public sector bodies where necessary, for the efficient storage and use of the information. You have the right to access your personal information by request to ORI and you may be charged a fee for this service.

OFFICE USE ONLY

DATE RECEIVED:	DATE APPROVED:	APPROVED BY:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>