

BREEDING EXEMPTION APPLICATION FORM



You cannot breed from a breeding female when over 8 years of age or after 3 litters without the approval of the Commission.

Under the Greyhound Racing Rules, she will not be active for further breeding unless you are granted approval from GWIC by filling out this form. If you are granted approval, you will be permitted one additional service of insemination regardless of the result.

The physical examination by a vet must be obtained within 120 days prior to the date of the additional service.

This form is to be completed if you want to breed a greyhound who is over 8 years of age or after 3 litters. If approved, you will be permitted one service or insemination regardless if pups are whelped or not.

Under Local Rule 127, exemptions will be refused for greyhounds aged 10 or over and/or greyhounds who have had 5 or more litters.

Your application must include:

Checklist

C5 vaccination record

If the document is missing, this may delay the processing of your application

Greyhound details

Greyhound's name

Ear brand

Colour

Microchip no.

DNA no.

Whelp date

 / /

Owner details

Mr

Mrs

Miss

Ms

Other

First name

Surname

Existing Registration Number

Telephone number/s

Home

Mobile

Daytime

Postal address

Address

Suburb

State

Postcode

Email address



General physical examination – this must be completed by a Veterinarian

General health status

| | Good | Moderate | Poor | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| a) Physical body condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b) Teeth and gums | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| c) Temperament | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

| | Normal | Abnormal | Comments |
|--|--------------------------|--------------------------|----------------------|
| d) Eyes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| e) Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| f) Limbs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| g) Heart auscultation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Heart rate <input type="text"/> | | | |
| h) Mucous membrane and capillary refill time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| i) Abdominal palpation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| j) Feet | <input type="checkbox"/> | <input type="checkbox"/> | <input 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



Heritable disease

The greyhound has been diagnosed by me or there is a reason to believe it has a heritable disease or defect:

Yes No

If Yes, please provide details.

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.

Veterinarian declaration

Name of veterinarian

Vet Registration Number

Name of veterinary clinic

Date of examination

/

/

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

Signature

Date

/

/



Premises at which the greyhound will be bred

Property owner name

Existing Registration Number

Address

Suburb

State

Postcode

Reproductive history

Please provide details of previous whelpings, if natural or by caesarean section, any external or medical intervention and the performance of the litter.

First litter

Sire name

Whelp date

 / /

Provide history of whelping

Second litter

Sire name

Whelp date

 / /

Provide history of whelping

Third litter

Sire name

Whelp date

 / /

Provide history of whelping



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 questions, please provide details

Detail frequency of current oestrus patterns

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

Payment details (please visit our website for the current fees)

Once your application has been approved, you will be contacted for payment by phone or you will receive a secure pay link via email. Payments can be made with credit or debit card, PayID, PayPal and BPay.

Signature of applicant

Date

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Please submit this completed form to GWIC by either:

- **Email** - registration@gwic.nsw.gov.au
- **Post** - PO Box 718, Bathurst NSW 2795
- **In person** - Level 1, 230 Howick Street, Bathurst NSW 2795

If assistance is required with your application, please contact our customer service team on 13 49 42 or email registration@gwic.nsw.gov.au.