

GREYHOUND BREEDING FEMALE - BREEDING HEALTH AND FITNESS CERTIFICATE
To accompany an application to breed a fourth or subsequent litter or from a greyhound over the age of eight
To Be Completed By A Registered Veterinarian

1. Identification (Details of Greyhound requiring approval)

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 whelpings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail the number of prior normal whelpings		
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

Name of Veterinarian		VSB Reg No.	
Name of Veterinary Practice		AIN No.	
Date of Examination		Presented (Greyhound Name)	
<p>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.</p>			
Signature		Date:	