

APPLICATION TO BREED WITH A FEMALE OVER EIGHT YEARS OF AGE and/or BREED OVER THREE LITTERS

No Fee Required

Once your female greyhound turns eight (8) years of age and/or has whelped three (3) litters, her registration as a breeding female will become inactive. Under the Rules of Greyhound Racing, she will not be able to breed again unless you are granted approval from ORI. If you are granted approval, you will be permitted one additional service or insemination (within 120 days from the date of veterinarian certificate) regardless of the result of that service or insemination. If you wish to arrange an additional service or insemination, you will need to complete and submit another application to ORI for approval.

R127(10 & (11) provides that the owner of a breeding female, or the person with authority to breed that female, shall not cause her to be mated if that breeding female is over eight (8) years of age or has had three (3) litters without:

- Prior veterinary certification of appropriate health and fitness; and
- The approval of the Controlling Body in writing.

Approval granted under R127(10) & (11) will allow one (1) additional service/insemination only, irrespective of the result of said service/insemination. The veterinary certification must be obtained within 120 days prior to the date of the service.

For the purposes of this application, a LITTER is defined as the collection of pups, either all live, all deceased or a combination of both, which resulted from a single whelping.

DETAILS OF BREEDING FEMALE UNDER CONSIDERATION

Exemption for (please tick)	8 Years of Age	Breed over 3 Litters	Both
Greyhound's Name		Ear Brand	Colour
Microchip No.		DNA No.	Whelp Date / /
Sire		Dam	
** The accompanied "Veterinary Certification" of the appropriate Health and Fitness of this greyhound must be completed by an ORI approved Veterinarian and must be included with this application.			

OWNER DETAILS (OR PERSON WITH AUTHORITY TO BREED) NB: YOU MUST HAVE A CURRENT BREEDER'S LICENCE

Title	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other
Partnership/Syndicate Name										
Surname										
First or Given Name/s								Licence No		
Postal Address										
Suburb								Postcode		
Telephone Number/s	Home							Mobile		
Email Address										

PREMISES AT WHICH GREYHOUND WILL BE BRED

Property Owner Name	Licence No	
Kennel Address		
Suburb	Postcode	

Office of Racing Integrity, Tasmania

All mail addressed to PO Box 1329, Launceston 7250
Level 2 Henty House, Launceston
Telephone: (03) 6777 1900 Fax: (03) 6777 5148
Email – operations@racingintegrity.tas.gov.au

FIRST LITTER:

Sire Name:				Whelp Date:	___/___/___	No Live Pups Whelped	
No. Deceased Pups Whelped		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any 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		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any 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		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any 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		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any events at or after whelping that may have impacted on the successful outcome for the litter or Breeding Female:							

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FIFTH LITTER:

Sire Name:				Whelp Date:	___/___/___	No Live Pups Whelped	
No. Deceased Pups Whelped		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any 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		No. Pups Named		No. Of Greyhounds to Start in a Race		No. Of Greyhounds to Win a Race	
Describe any 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:

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:

R127 (6) A bitch shall not be used for breeding purposes unless registered as a “breeding female”.

R127 (8) Application for registration as a breeding female may be made by the owner or authorised person by lodging with the Controlling Body in the state in which they reside –

- (a) A completed prescribed form with any fee that may apply; and
- (b) At the expense of the applicant, a DNA fingerprint analysis carried out by a laboratory designated by Greyhounds Australasia on a sample taken by a veterinary surgeon or other person approved by the Controlling Body; and
- (c) Evidence of a current vaccination status against parvovirus, hepatitis, canine distemper, parainfluenza virus and bordetella bronchiseptica (C5) issued by a veterinary surgeon identifying the greyhound by reference to its sex, colour, ear branding and/or microchip identifications and stating the next vaccination/booster due date.
- (d) The period of registration will be for one (1) year from the current vaccination date pursuant to sub-rule (c).

Breeding Restrictions:

R127 (10) The owner of a breeding female, or the person with authority to breed that female, shall not cause her to be mated if that breeding female is over eight (8) years of age without prior veterinary certification of appropriate health and fitness, and the approval of the Controlling Body in writing. The approval granted by the Controlling Body under this sub-rule will be to allow one (1) service/insemination only, irrespective of the result of said service/insemination. The veterinary certification must be obtained within 120 days prior to the date of the service.

R127 (11) A breeding female cannot be used for breeding more than three (3) litters without prior veterinary certification of appropriate health and fitness for further litters, and approval of the Controlling Body in writing. The approval granted by the Controlling Body under this sub-rule will be to allow one (1) additional service/insemination only, irrespective of the result of said service/insemination. The veterinary certification must be obtained within 120 days prior to the date of the additional service.

R127 (12) The owner of a breeding female, or the person with authority to breed that female, shall not cause her to whelp more than two (2) litters in any 18 month period.

Identity Confirmation

R127A(1) Prior to any service or artificial insemination, the appropriate registered person shall, by references to its Greyhound Breeding Identification Card, positively identify the breeding female presented to be served or inseminated. The appropriate registered person shall also, prior to any service or artificial insemination, confirm that the breeding female is currently eligible for breeding. Should there be any doubt over the identity of the breeding female or her eligibility for breeding, the person carrying out the identity examination shall, forthwith, inform the Controlling Body of the doubt and ensure that the breeding female is not served or inseminated 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.

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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			Whelp Date	____/____/____	
Microchip No.		Earbrand		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 and/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		

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3. 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"/>	
d) Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Heart Auscultation				
Heart Rate	_____			
h) Mucous Membrane and Capillary Refill Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i) Abdominal Palpatation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k) Gait and Soundness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l) Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m) Tail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n) Palpate Mammary Glands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o) Vulval Conformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p) Vulval discharge (if present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Comments				

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 bitch 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 No.	
Date of Examination		Presented Greyhound Name	
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:	