

# Register a Stud Sire

**Please note Stud Master must hold current Owner & Stud Master Licence.**

**Note:** Registration cannot proceed until:

- The greyhound has been DNA-tested
- Semen evaluation has been completed and results attached/provided
- Payment has been received in full.

GREYHOUND DETAILS:	
Name:	DNA#:
Earbrand:	Microchip:
Kennel Address:	Street:
	Suburb:
	Town/City:

STUD MASTER DETAILS:		
Name	First names:	
	Surname:	
Address	Street:	
	Suburb:	
	Town/City:	Postcode:
	Phone:	Mobile:
Contact	Email:	

## Privacy Declaration

This information is being collected and will be held at the office of Greyhound Racing New Zealand (GRNZ) in Wellington in accordance with the Privacy Act 2020 for administrative purposes only. Without the requested information, GRNZ may not be able to process the matters relating to this form.

You agree that the personal information supplied by you may be retained by GRNZ and shared with Greyhounds Australasia, who will not disclose the information unless for administrative purposes or if required by law. You can access your personal information from the GRNZ office on Level 4, 106-110 Jackson Street, Petone, Wellington for inspection and/or amendment as necessary.

Note: Your information may be sent to Greyhounds Australasia for administrative purposes. Greyhounds Australasia may not protect your information in a way that provides comparable safeguards to the New Zealand Privacy Act 2020.

OFFICE USE ONLY:		
Invoice Number:	Service:	Loaded:
Send Invoice to:	Payment Details:	Scanned:
Sent to GA:	Sire Number:	

### Owner/Stud Master Declaration

I, .....(applicant's name), certify that the information within this application is true and correct.

I agree to be bound by and recognise the rules of Greyhound Racing New Zealand (GRNZ), or any other authority or person authorised by such rules.

I will provide additional information, as shall be reasonably required by the GRNZ, in respect of this application.

I have read and understood the Greyhound Racing New Zealand Health and Welfare Standards and understand the consequences of non-compliance.

Any certificate of license that may be issued to me is, and will remain, the property of GRNZ and must be produced or returned on the demand of an authorised GRNZ officer or by a RIU Stipendiary Steward.

I am aware that my licence can be revoked by GRNZ at any time (Rule 83.1).

I agree to notify GRNZ of any changes to my personal details as soon as possible (within 3 days) so my records can be updated.

I am aware of an agreement to be bound by the conditions of authority/licensing as detailed in this form.

\_\_\_\_\_

**Owner/Stud Master Signature**

\_\_\_\_\_

**Date**

<b>Fee</b>  <b>\$1,600.00</b>	<b>Person to invoice:</b>
	<b>Address:</b>
	<b>Phone:</b>
	<b>Email:</b>

### Payment details

Payment can be made by the following methods (please tick):

Direct credit (internet) - Account: BNZ 02-0500-0927216-00 (Invoice number as reference)

Credit card - Online [www.grnz.co.nz](http://www.grnz.co.nz)

- By phone (04) 589 4900

**American Express or Diners Club credit cards will not be accepted**

All licence fees include GST. If you require a GST receipt please contact GRNZ accounts.

**Note:** The registration process cannot proceed until the invoiced fee has been paid. The *Results of Whelping* form will be sent out once the Register a Service fee has been paid.

**We love our dogs.  
They love to race.**

**P** 04 589 4900  
**F** 04 589 4907  
**E** [greyhound@grnz.co.nz](mailto:greyhound@grnz.co.nz)  
**W** [grnz.co.nz](http://grnz.co.nz)

106-110 Jackson St, Peton  
 PO Box 38313  
 Wellington Mail Centre  
 Lower Hutt, 5045

### Veterinarian to complete

SEMEN EVALUATION REPORT:		
Name of Sire:	DNA#:	
Earbrand:	Microchip:	
<b>Stud Master Name</b>	First Names:	
	Surname:	
<b>Address</b>	Street:	
	Suburb:	
	Town/City:	Postcode:
	Phone:	Mobile:
<b>Contact Details</b>	Email:	

CLINICAL EVALUATION:	
Date of Examination:	
Libido:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Colour of Semen:	<input type="checkbox"/> Clear <input type="checkbox"/> Milky <input type="checkbox"/> Blood Tinged
Motility:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Volume of Ejaculate:	
Sperm Count / ml:	
Total Sperm Count:	
Gross Morphology:	<input type="checkbox"/> Normal % <input type="checkbox"/> Abnormal %
Total live normal cells at time of ejaculate:	

### Veterinarian / Authorised Person Assessment of Fertility Status

I, ..... (name), a registered veterinarian at  
 ..... (veterinary clinic) have assessed the semen for the  
 greyhound detailed above. Based on the semen analysis my recommendation is that:

- This greyhound is suitable to stand at stud
- This greyhound is not suitable to stand at stud (please detail why)

.....

Signature

Date

## NOTES FOR VETERINARIANS REGARDING SEMEN EVALUATION

### COLLECTION

A bitch in season may or may not be available to facilitate collection of the ejaculate, but their presence often helps considerably. Sires approved for AI are less likely to require such motivation.

Collection should be made into a chemically clean, dry container, warmed to body temperature (38-39°C).

Protect the fresh semen from excess light, heat and cold.

Semen evaluation should be commenced as soon as possible following the collection.

### MATERIAL REQUIRED

- Chemically clean, dry container.
- Warming facility for collection container e.g. Microbiology incubator, container of warm water, hot-air hair dryer, heat lamp.
- Microscope glass slides and cover slips – also warmed to body temperature for motility estimation.
- Pasteur pipettes or A.I. pipettes for transfer of semen from container to slides.  
**Note:** The silicon-lubricated plastic hypodermic syringes used for injections may be spermicidal and reduce the number and motility of live sperm, leading to an inaccurate evaluation.
- UNOPETTE for Red Blood Cell Estimation No 5851 – this is used for direct sperm count procedures.
- Standard Neubauer haemocytometer with coverslip.
- Microscope – to 400xhigh power.

### EVALUATIONS

**Libido** - Rate from one (poor) to three (good).

**Colour of Semen** - Indicate findings of visual examination of fresh ejaculation.

**Motility** - Using a warmed Pasteur pipette or A.I. pipette, transfer a drop of fresh semen to a warmed glass slide. Apply a cover slip and examine under the microscope using 400xhigh power. Record quality from 0-5 using the guidelines below:

- 0 = Dead
- 1 = Slow side to side - no forward progression
- 2 = Slow side to side - forward progression in spurts
- 3 = Rapid side to side - forward progression in spurts
- 4 = Slow forward progression
- 5 = Fast forward progression

Now estimate percentage live to dead sperm and record.

### **SPERM COUNT PER ML - USING UNOPETTE NO5851 - (AS USED FOR RED BLOOD CELL ESTIMATION)**

Open by inverting top and marking hole in container of fluid by downward push of cap.

Fill capillary pipette with fresh semen by touching capillary pipette to surface of ejaculate.

Remove excess semen from exterior of capillary pipette by wiping swiftly with a tissue.

Squeeze Unopette container to remove some air, insert capillary pipette firmly, and release pressure on container so that the vacuum created draws the semen from the pipette into the container.

Wash the solution up and down the pipette 3-4 times by gently squeezing and releasing the sides of the container.

Remove the cap and squeeze it to empty the pipette into the container. Invert cap and push firmly into place to seal the container.

Rotate Unopette for 45-60 seconds to ensure even mixing of contents - **Do Not Shake.**

Invert and squeeze Unopette to remove 5-6 drops of fluid then proceed immediately to fill the clean dry haemocytometer chamber. If chamber overfills, repeat the process.

Count the sperm in the four (4) corner squares - then add four zeros (0000) to the total number of sperm counted in the five (5) squares to give the total number of sperm per cubic millilitre.

### **Alternatively - USING UNOPETTE NO.5855 - (AS USED FOR WHITE BLOOD CELL ESTIMATIONS)**

Count the sperm in the central area of small squares on both sides of the Neubauer Hemocytometer, and divide the total by two to obtain the mean (average) of the two areas.

Multiply this figure by 1000 to obtain the number of sperm per cubic millilitre.

**TOTAL SPERM COUNT** - equals sperm count per ml multiplied by volume of ejaculate in mls.

### **VOLUME OF EJACULATE**

As the motility assessment has already been completed, the volume measurement may be undertaken using a measuring pipette, a graduated test tube, or a 5ml standard hypodermic syringe. Record ejaculate volume to nearest 0.5ml.

### **GROSS AND DETAILED MORPHOLOGY**

Return to the slide used for motility estimate, or, prepare a fresh similar slide. Count at least 200 sperm cells using 400x high power. Record normals and abnormal for each 100 cells counted.

Record also the R.B.C. and W.B.C. for each of four (4) separate fields at 400x magnification and record the average per field for each.

Record cellular debris seen over at least four (4) separate fields as per R.B.C. and W.B.C.

### **VETERINARIAN / AUTHORISED PERSON ASSESSMENT**

A reasonable fertility rating should take into account a desirable requirement of 10 million sperm per pup; so that for a litter of 10 pups one should look to 100 million live normal sperm per ejaculate.

If the evaluation is unsatisfactory in any aspect, the procedure should be repeated in 48-96 hours and/or appropriate therapy be instituted to correct any underlying clinical problem.

**REFERENCE:** Laboratory Procedures - Using The Unopette Brand System: Benton & Dickson & Co.