

Breeding Female Exemption Application



PART A - BREEDING EXEMPTION APPLICATION FORM

To be completed by the breeder and provided to the veterinarian with blank PART B

A completed copy of this whole document must be kept by the Licensed Person as part of their Greyhound Health Record and record keeping requirements under GRNZ's Health and Welfare Standards.

Details of the BREEDING FEMALE under consideration

| | |
|------------------|---------------|
| Greyhound name | Date of birth |
| Microchip number | Ear brand |
| Sire | Dam |

Are you applying for (please tick all that apply)

- One service for a breeding female who has already had three litters.
- One service for a breeding female over seven years old.
- One service for a breeding female who has been admitted to the RtR programme.

Applicant details (Owner or person with authority to breed)

| | |
|----------------|----------|
| Full name | Date |
| Postal address | |
| Town/City | Postcode |
| Telephone Home | Mobile |
| Email address | |

Premises at which the BREEDING FEMALE will be whelped

| | |
|---------------------|----------|
| Property owner name | |
| Kennel address | |
| Town/City | Postcode |

Breeding management (All fields must be completed)

| | | | |
|------------------------------|----------------|-------------|--------|
| Service type (circle one) | Natural mating | Surgical AI | TCI |
| Semen type (circle one) | Fresh | Chilled | Frozen |
| Proposed sire: | | | |
| Reason for choosing sire: | | | |
| Who will whelp the litter: | | | |
| Who will rear the litter: | | | |
| Who will educate the litter: | | | |

**WE LOVE OUR DOGS.
THEY LOVE TO RACE.**

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PO Box 38313, Wellington Mail Centre
5045, New Zealand

Breeding costs (All fields must be completed)**Estimated sire cost** \$**Estimated veterinary costs**

- Pre-mating health check and progesterone test(s)/swab(s) \$
- Insemination fees \$
- Birth support (e.g. caesarean section) \$
- Post-whelping 6-8 week check-up \$
- 6-8 week pup vaccinations* \$

Estimated whelping costs \$

Estimated rearing costs* \$

Estimated education costs* \$

Total estimated cost \$** for the purposes of this calculation assume there are 6 pups***Details of previous litters bred****(All fields must be completed – if female has had less than 4 litters, write N/A across the relevant boxes)**

| Whelp date | Insemination method | Pups born alive/dead | Whelping (natural or caesarian) | No of pups named | No of greyhounds to start in a race | No of greyhounds to win a race | No of greyhounds never raced |
|---------------------|---------------------|----------------------|---------------------------------|------------------|-------------------------------------|--------------------------------|------------------------------|
| FIRST LITTER | | / | | | | | |

Describe any events at, or after birth, that may have impacted on the successful outcome for the litter or breeding female

SECOND LITTER

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

Describe any events at, or after birth, that may have impacted on the successful outcome for the litter or breeding female

THIRD LITTER

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

Describe any events at, or after birth, that may have impacted on the successful outcome for the litter or breeding female

FOURTH LITTER

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

Describe any events at, or after birth, that may have impacted on the successful outcome for the litter or breeding female

DECLARATION

I declare that the particulars contained above are true and correct and that I understand it is a serious offence under the Rules of Racing to make a false declaration and/or provide false or misleading information at any time to GRNZ. I agree at all times to observe and be bound by the Rules of Racing and all other applicable rules, laws and legislation in force from time to time and all decisions and directions by GRNZ that it is empowered to make or give. I will advise GRNZ if there is any change in the particulars in this application.

Where my greyhound has been admitted into the Rehabilitation to Rehome (RtR) programme and GRNZ has covered the costs of the treatment and rehabilitation of the greyhound, I agree to reimburse the veterinary costs associated with this treatment if my application to breed is approved.

Applicant name

Applicant signature

Date

PART B - VETERINARY BREEDING HEALTH ASSESSMENT CERTIFICATE

To be completed by a GRNZ approved veterinarian

1. Details of BREEDING FEMALE greyhound

| | |
|--------------------|------------------------|
| Greyhound name | Date of birth |
| Microchip number | Ear brand |
| Vaccination status | Next C3 due: |
| | Next Kennel Cough due: |

2. Reproductive history

Has the BREEDING FEMALE previously experienced?

| | YES | NO | Comments: If NO, please describe Include recovery from surgery and any uterine issues/surgical healing |
|------------------------------------|-----|----|---|
| Normal oestrus patterns | | | |
| Ease of conception | | | |
| Normal gestation period | | | |
| Normal passage of foetal membranes | | | |

Is the reproductive history information provided based on a review of the female's clinical history or information provided by the person presenting the greyhound:

CLINICAL HISTORY

PARTICIPANT INFORMATION

3. General physical examination

For the purposes of this certificate of breeding health it is not a requirement to conduct clinical pathology, diagnostic imaging, or further internal investigations to determine general breeding health. However, it is at the discretion of the veterinarian whether further diagnostic investigation is warranted, based on the initial findings of this broad examination and the female's reproductive history, prior to certifying fitness to breed. Where further investigations have taken place then the results of these investigations should be provided attached to this document and submitted with this application.

| General health status | Good | Moderate | Poor | Comments |
|---|----------------|----------|----------|----------|
| a) Physical body condition | | | | |
| b) Teeth and gums | | | | |
| c) Temperament: fearful, timid, aggressive, aloof or calm, relaxed, outgoing and friendly | Please detail: | | | |
| | | Normal | Abnormal | Comments |
| d) Eyes | | | | |
| e) Head | | | | |

| | Normal | Abnormal | Comments |
|---|----------------------|----------|----------|
| f) Limbs | | | |
| g) Heart auscultation | | | |
| | Heart rate _____ bpm | | |
| h) Mucous membranes and capillary refill time | | | |
| i) Abdominal palpation | | | |
| j) Feet | | | |
| k) Gait and soundness | | | |
| l) Skin | | | |
| m) Tail | | | |
| n) Mammary glands | | | |
| o) Vulval conformation | | | |
| p) Vulval discharge (if present) | | | |
| q) Known heritable diseases | Please detail: | | |
| r) Previous injury or relevant surgical history | Please detail: | | |

General comments and additional remarks

4. Veterinary declaration

Name of greyhound

Examination date

Microchip number

Name of veterinarian

Registration no

Name of veterinary practice

I, _____ being a registered veterinarian, declare that:

- I have examined _____ (*greyhound as described above*) in accordance with prescribed standards and procedures, including a review of all available clinical notes and the history provided by _____ (*applicant*).
- I find: (*please tick one of the below boxes only*)
 - this female greyhound to be fit and healthy at this time, and there are no other physical reasons or limitations as to why she should not breed a litter at this time; or**
 - this female greyhound is NOT fit and healthy to be bred with at this time.**
- The information I have provided is true and correct.
- The breeding statement above reflects my clinical opinion in accordance with my duties as a registered veterinarian.

Veterinarian's signature

Certification date

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.