

Dogs Victoria Breeder Series Clearance to Commence Breeding

20.8.2 All dogs must have a general health check by a veterinary practitioner prior to their first mating. Proof of the health check may be a Veterinary practitioner's certificate, stating that at the time of examination, the dog had no impediments to breeding.

Dogs Victoria Member's Name	
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ANIMAL DETAILS

Registered Name		Date of Birth	
Microchip #		Gender	
Breed		Colour	

EXAMINATION DETAILS

The general condition of this dog / bitch appears to be: _____

Discussed Vaccination & worming status: YES NO _____

Animal has reached 'Adequate Maturity': YES NO _____

20.1.12 A member shall not breed with a bitch unless they have reached adequate maturity for that breed as determined by Dogs Victoria, without the prior approval of Dogs Victoria. Where the Rules, Regulations and Codes of Practice are otherwise silent, the minimum age for breeding a bitch shall be 12 months

Breed-Specific Health Testing Completed: YES NO _____

20.1.16 A member shall take responsible action to reduce the incidence of hereditary diseases in accordance with the ANKC Code of Practice for Hereditary Diseases and shall comply with Dogs Victoria's Code of Practice for Hereditary Diseases (Code 20.3), and the Prevention of Cruelty to Animals Act 1986, particularly with respect to the Code of Practice for the Responsible Breeding of Animals with Heritable Defects that Cause Disease.

Heart sounds appear normal: YES NO _____

Breathing/Lung sounds appear normal: YES NO _____

Both testicles are fully descended: YES NO _____

Anus / Vulva / Penis appear normal: YES NO _____

Mammary Glands appear normal: YES NO _____

VETERINARIAN'S DECLARATION

As a Registered Veterinary Practitioner, I have today performed a health check on the breeding animal identified above. I have found this animal to be in good general health, with no obvious signs of physical, behavioural or genetic disorders that would preclude it from being bred. It is my opinion that this animal is fit and healthy to be used for breeding purposes at this time.

Veterinarian's Name		Clinic Details/Stamp
Veterinarian's Signature		
Date of Examination		