

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 (Natural/TCI/SAI)	Pups born alive/dead (or died within 48 hours)	Whelping natural (N) or caesarian (CS)	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		/					
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Describe any events at, or after birth, that may have impacted on the successful outcome for the litter or breeding female

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

FOURTH LITTER		/					
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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 an offence under the GRNZ 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 GRNZ Rules of Racing and Welfare Standards and Policies applicable to breeding activities. 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			
Behavioural issues e.g. severe anxiety or aggression towards humans/puppies			

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 circles only*)
 - this female greyhound to be fit and healthy at this time, and there are no physical reasons or other limitations as to why she should not breed a litter at this time; or**
 - this female greyhound is NOT fit and healthy, or suitable 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.