**DOG RECORD**

|  |  |
| --- | --- |
| Member Name |  |
| Address |  |
| Contact Number |  |
| Member Prefix |  |
| DOGS NSW Membership Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip No. |  | Sex |  |
| Registration No. |  | Breed |  |
| Date of Birth | / / | Colour |  |

**BIRTH HISTORY OF WHOLE LITTER**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of live females in the litter |  | Number of live males in the litter |  |
| Number of stillborn females in the litter |  | Number of stillborn males in the litter |  |
| Number of females that died post-whelping |  | Number of males that died post-whelping |  |
| Describe any birth complications | | | |
|  | | | |

|  |  |
| --- | --- |
| Purpose of Dog | **🗆** Exhibition **🗆** Companion **🗆** Breeding  (any discipline) |

**NEW OWNER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Residential address |  | | |
| Address where dog is housed |  | | |
| Contact Number |  | | |
| Microchip form transfer signed? | **🗆** Yes **🗆** No | Microchip form transfer lodged? | **🗆** Yes **🗆** No |
| Sales contract signed and given to new owner? | **🗆** Yes **🗆** No | | |

***Note: Copy of microchip transfer form and signed contract/guarantee should be attached***

**DEATH/EUTHANASIA DETAILS**

|  |  |
| --- | --- |
| Date of euthanasia (or death) | / / |
| Vet clinic performing euthanasia |  |
| Reason for euthanasia (death) |  |

**RETURN RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| Microchip No. |  | Return date | / / |
| Microchip form transfer signed? | **🗆** Yes **🗆** No  Date: / / | Microchip form transfer lodged? | **🗆** Yes **🗆** No  Date: / / |
| Return reason | | | |

***Note: Copy of microchip transfer form must be attached***

**VACCINATION & WORMING HISTORY**

**(Must be accompanied by a copy of the veterinary issued vaccination record)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Given** | **Core Vaccine - C3**  **(Distemper, Hepatitis, Parvovirus)** | **Canine Cough**  **(parainfluenza (Type II) & Bordetella bronchiseptica)** | **Intestinal worms** | **Heartworm** | **Fleas, Ticks &**  **Mites** |
| / / |  |  |  |  |  |
| / / |  |  |  |  |  |
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| / / |  |  |  |  |  |

**GENERAL HISTORY**

**(Must be accompanied by a copy of any veterinary treatment record)**

|  |  |  |
| --- | --- | --- |
| **Date Given** | **Description of Illness/Injury** | **Treatment** |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |

**REPRODUCTIVE HISTORY (BITCH)**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip No. |  | Date of Birth | / / |
| Attach copy of breeding clearance to this record  (if required/obtained) |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last annual health certificate issue date** | **Mating/ Insemination date**  **(List each date)** | **Expected due date** | **Sire**  **(Registered Name**  **Registered Number &**  **Microchip number)** | **Birth date** | **No. Live births**  **(Record colour/markings of**  **each puppy)** | | **No. Stillborn** | | **Total number**  **in Litter** |
| **Male** | **Female** | **Male** | **Female** |
| / / |  | / / |  | / / |  |  |  |  |  |
| / / |  | / / |  | / / |  |  |  |  |  |
| / / |  | / / |  | / / |  |  |  |  |  |
| / / |  | / / |  | / / |  |  |  |  |  |
| / / |  | / / |  | / / |  |  |  |  |  |

**Attach copies of litter records whelped by this bitch here.**

**REPRODUCTIVE HISTORY (DOG)**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip No. |  | Date of Birth | / / |
| Attach copy of breeding clearance to this record |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last annual health certificate issue date** | **Mating/ Insemination date**  **(List each date)** | **Expected due date** | **Female**  **(Registered Name**  **Registered Number &**  **Microchip number)** | **Birth date** | **No. Live births**  **(Record colour/markings of**  **each puppy)** | | **No. Stillborn** | | **Total number**  **in Litter** |
| **Male** | **Female** | **Male** | **Female** |
| / / |  | / / |  | / / |  |  |  |  |  |
| / / |  | / / |  | / / |  |  |  |  |  |
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**Attach file notes**

**LITTER RECORD FORM**

To assist members with compliance with:-

* DOGS NSW Regulations Part I-The Register & Registration, Section 18
* DOGS NSW Regulations Part XIII-Code of Ethics, Clause 28
* Animal Welfare Code of Practice for Breeding Dogs and Cats, Clause 5.1.

**LITTER RECORD**

|  |  |
| --- | --- |
| Member Name |  |
| Address |  |
| Contact Number |  |
| ANKC Breeding Prefix |  |
| DOGS NSW Membership Number |  |
| Breed |  |

**Litter Parents Details**

**Sire:**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip No. |  | Colour |  |
| Registration No. |  | Date of Birth | / / |

**Dam:**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip No. |  | Colour |  |
| Registration No. |  | Date of Birth | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Date of Season |  | | Date of Insemination | / / |
| Method of Insemination  (AI - Circle applicable type) | **🗆** Natural | **🗆** Artificial Insemination Fresh Chilled Frozen (Surgical/TCI)  (circle applicable insemination type) | | |
| Comments and observations on bitch during gestation  (Food, medications, health, etc) |  | | | |

**WHELPING RECORD**

**Date first pup born: / /**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy  No. | Time | Sex | Colour | Markings | Placenta | Presentation | Weight | Comments |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

**Litter Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of females in the litter |  | Number of males in the litter |  |
| Number of live births in the litter |  | Number of stillborns in the litter |  |
| Describe any birth complications | | | |
|  | | | |

**LITTER WEIGHT RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy ID | Birth | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Comments (progress of puppies plus dam; include full details of meals and fluids for dam)

|  |
| --- |
|  |

**LITTER WEIGHT RECORD/DATES WORMED/VACCINATED/MICROCHIPPED**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy ID | 2 weeks | 3 weeks | 4 weeks | 6 weeks | 8 weeks | 10 weeks | 12 weeks |
| 1 |  |  |  | Chip No. |  |  |  |
|  |
| 2 |  |  |  | Chip No. |  |  |  |
|  |
| 3 |  |  |  | Chip No. |  |  |  |
|  |
| 4 |  |  |  | Chip No. |  |  |  |
|  |
| 5 |  |  |  | Chip No. |  |  |  |
|  |
| 6 |  |  |  | Chip No. |  |  |  |
|  |
| 7 |  |  |  | Chip No. |  |  |  |
|  |
| 8 |  |  |  | Chip No. |  |  |  |
|  |
| 9 |  |  |  | Chip No. |  |  |  |
|  |
| 10 |  |  |  | Chip No. |  |  |  |
|  |

Comments (including weaning regime, food type and quantities, worming brand and dose and vaccination type and brand)

|  |
| --- |
|  |

**GENERAL HEALTH HISTORY OF LITTER**

**(Must be accompanied by a copy of any veterinary treatment record)**

|  |  |  |
| --- | --- | --- |
| **Date**  DOGS NSW LITTER RECORD V1 (10/19) | **Description of Illness** | **Treatment** |
| **Example**  1/1/2020  12 noon | *Puppies Numbers 2 and 4 – not nursing* | *Tube fed ‘Leerburg Formula’ 1ml per ounce body weight per feeding every 3 hours. Supplementary feeding continuing.* |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |

**PUPPY BEING REHOMED**

**(There must be a form completed for every puppy that leaves the breeder)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registered Name |  | | | Breed |  |
| Registration No. |  | Gender |  | Colour |  |
| Microchip No. |  | | | Date of Birth | / / |

**New owner**

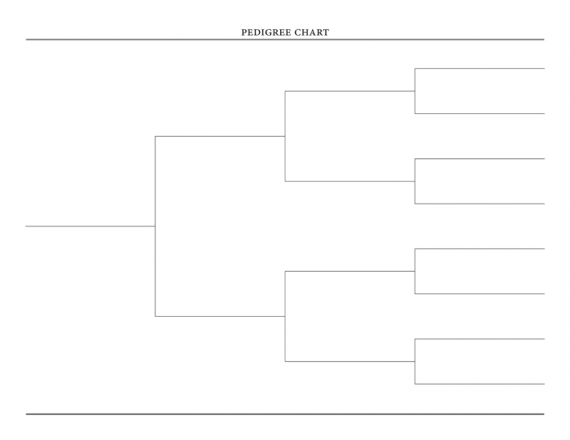
|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Residential address where dog will live |  | | |
| Contact Number |  | | |
| Microchip form transfer signed? | **🗆** Yes **🗆** No | Microchip form transfer lodged? | **🗆** Yes **🗆** No |
| Sales contract signed and given to new owner? | **🗆** Yes **🗆** No | Health Certificate given to new owner? | **🗆** Yes **🗆** No |

***Note: Copy of microchip transfer form and signed Sales Contract should be attached to this record***

**Return Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registered Name |  | | | Breed |  |
| Registration No. |  | Gender |  | Colour |  |
| Microchip No. |  | | | Date of Birth | / / |
| Microchip form transfer signed? | **🗆** Yes **🗆** No  Date: / / | Microchip form transfer lodged? | | | **🗆** Yes **🗆** No  Date: / / |
| Return Reason and Comments | | | | | |
|  | | | | | |

**PEDIGREE CHART**



**PUPPY/ADULT DOG HEALTH CERTIFICATE**

To assist members with transparency in rehoming of healthy puppies/adult dogs.

If you or your Vet have an alternate form you prefer, please continue to use that.

**NOTE: It is important to record all matters that are not within normal health parameters, eg, heart murmur, hernia, undescended testicle(s), etc.**

**PUPPY/ADULT DOG HEALTH CHECK CERTIFICATE**

**Dog details**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | Date of Birth | / / |
| Microchip number |  | Gender |  |
| Breed |  | Colour |  |

**Physical Exam:**

WEIGHT: TEMP: PULSE/RESP:

**HYDRATION:** **🗆** Adequate **🗆** Marginal **🗆** Inadequate

Comments

**TESTICLES:** **🗆** 2 descended **🗆** 1 descended (L/R) **🗆** None descended **🗆** N/A

Comments

**HERNIA: 🗆** No **🗆** Yes

Comments

**MOUTH: 🗆** Normal (Scissor Bite) **🗆** Level Bite **🗆** Overbite **🗆** Underbite **🗆** Other

Comments

**EYES: 🗆** Normal **🗆** Conjunctivitis **🗆** Glaucoma **🗆** Cataracts **🗆** Other

Comments

**SKIN: 🗆** Normal **🗆** Hot Spots **🗆** Fleas **🗆** Mites **🗆** Growth/Cyst **🗆** Other

Comments

**EARS: 🗆** Normal **🗆** Yeast **🗆** Mites **🗆** Other

Comments

**CARDIOVASCULAR: 🗆** Normal **🗆** Murmur **🗆** Arrhythmia **🗆** Other

Comments

**RESPIRATORY: 🗆** Normal **🗆** Infection **🗆** Other

Comments

**LYMPH NODES: 🗆** Normal **🗆** Other

Comments

**MUSCULOSKELETAL: 🗆** Normal **🗆** Other

Comments

**GENITOURINARY: 🗆** Normal **🗆** Other

Comments

**GASTROINTESTINAL: 🗆** Normal **🗆** Other

Comments

**OVERALL HEALTH CONDITION: 🗆** Excellent **🗆** Good **🗆** Fair **🗆** Poor

Comments

**Veterinarian’s Name** *(please print)*

**Veterinarian’s Signature** *(please sign)*

**Date:**

**Clinic Name:**

**Phone:**

**Clinic Address:**

## Web:

## 

**BREEDING CLEARANCE**

To assist members with compliance with:-

* DOGS NSW Regulations Part XIII-Code of Ethics, Clauses 8, 9 and 12
* Animal Welfare Code of Practice for Breeding Dogs and Cats, Section 10

If you or your Vet have an alternate certificate, you can continue to use it in place of this sample template.

**BREEDING CLEARANCE CERTIFICATE**

**Bitch details**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | Date of Birth |  |
| Microchip number |  | Gender | *Female* |
| Breed |  | Colour |  |

|  |  |
| --- | --- |
| Veterinary Practitioner’s name |  |
| Practice: Name & Address |  |
| Contact Number |  |
| DOGS NSW Member’s Name |  |
| ANKC Ltd Registered Prefix |  |
| DOGS NSW Membership Number |  |

**Declaration**

I , today examined the bitch identified above

being years of age and, in my opinion, there are no impediments to this animal being used for breeding.

Signed:

Date:

|  |
| --- |
| Comments |

**IN CASE OF EMERGENCY**

Contact Details for the Care of my Dog(s) at Home

Full Name (owner):

Address:

Contact number:

My Dog’s Name:

Microchip Number:

(Breed, likes, dislikes, age, distinguishing markings) medical conditions, neutered etc)

In an emergency please contact the following:-

1.

2.

3.

Please ensure that at no point should the above-named dog be surrendered to any party other than those named.

Signed

[Place photo of dog here]