This examination must be performed prior to mating the bitch

BITCH DETAILS

Registration Name:

Register Number:

Microchip Number:

Registered Owner:

DOGS NSW Membership Number:

VETERINARY CERTIFICATION

I hereby certify that I examined the above dog on _____ (date) and found her to be in good health at the time of this consultation. I find no reason to exclude this bitch from being mated within the next three (3) months of date of this examination.

DOGS NSW Regulations Part XI-Code Of Ethics, Clause 9:

9. A Member shall not breed a bitch that results in it whelping more than twice in two (2) years without the prior written approval of a Veterinary Surgeon. If a Certificate of Fitness dated prior to mating cannot be supplied at the time of registration of the litter, this will result in all progeny being registered on the Limited Register marked "never to be upgraded",

AND

The Member will be subject to disciplinary action under the current penalty regime.

VETERINARY SURGEON

Veterinary Surgeon:

Surgery:

Signature: *Use Adobe Reader to click here and sign digitally*

Date:

HOW TO LODGE

Send your completed form to

EMAIL
Email this form to
info@dogsnsw.org.au

POST
Post to
DOGS NSW, PO Box 632, St Marys NSW 1790

PHONE
Enquiries
(02) 9834 3022