

Application to breed with a female over 8 years of age and/or breed over 3 litters

Premises at which greyhound will reside

PROPERTY OWNER NAME:		LICENCE NO.:			
<input type="text"/>		<input type="text"/>			
KENNEL ADDRESS:	SUBURB:	STATE:	POSTCODE:		
<input type="text"/>					

First Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Second Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Third Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Fourth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

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Fifth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Sixth Litter

SIRE NAME:	WHELP DATE:	NO. LIVE PUPS WHELPED:	NO. DECEASED PUPS WHELPED:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NO. PUPS NAMED:	NO. OF GREYHOUNDS TO START IN A RACE:	NO. OF GREYHOUNDS TO WIN A RACE:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Describe events at or after whelping that may have impacted on the successful outcome for the Litter or Breeding Female:

Any other comments you wish to provide to support this application

COMMENTS:

Applicant's declaration

I, of

The above named applicant do solemnly and sincerely declare that the information tendered in this application is correct and accurate and that I have read all of the conditions appearing in this application and acknowledge and agree to abide by all such conditions contained herein and the Rules of Greyhound Racing. Made and subscribed by the above named and declared.

SIGNATURE OF APPLICANT:

DATE:

Rules & conditions for registering a 'Breeding Female'

Breeding Female registration:

- 56 (6) A female greyhound shall not be used for breeding purposes unless registered with a Controlling Body as a Breeding Female.
- 56 (8) Application for registration as a Breeding Female may be made by the owner of a Breeding Female or person authorised by the owner, by lodging with the Controlling Body in the state in which the relevant person resides:
- (a) A completed prescribed form together with a prescribed fee;
 - (b) At the expense of the applicant, a DNA fingerprint analysis on a sample taken by a veterinarian or other authorised person and carried out by an approved DNA laboratory; and
 - (c) Evidence of meeting the minimum vaccination requirements in rule 25 of these Rules.
- L56.1 A person may not apply for the registration of a Breeding Female unless they are registered as a breeder.
- 56 (9) The period of registration for a Breeding Female is to be one year from the current vaccination date pursuant to sub-rule (8)(c) of this rule.
- 56 (10) The granting of registration of a Breeding Female is conditional on the greyhound being in the control of the applicant or other person approved by a Controlling Body.
- L56.2 The registration of a Breeding Female shall be cancelled should the greyhound be transferred to, sold to or be under the care or custody of a person who does not hold registration as a breeder.

Breeding Restrictions:

- 57 (1) The owner of a Breeding Female, or person with authority to breed that female, must not cause any Breeding Female to be serviced if she is over eight (8) years of age, except if, prior to each service:
- (a) Veterinary certification of appropriate health and fitness of the Breeding Female which confirms that it is appropriate for her to whelp is obtained (which must be done within 120 days prior to the date of the further service); and
 - (b) the written approval of a Controlling Body is obtained.
- (2) If any approval is granted by a Controlling Body under subrule (1) of this rule, one further service only will be permitted under that approval, irrespective of the result of that service.
- 58 (1) The owner of a Breeding Female, or person with authority to breed that female, must not cause any Breeding Female to whelp more than three Litters, except if, prior to each service:
- (a) Veterinary certification of appropriate health and fitness of the Breeding Female which confirms that it is appropriate for her to whelp is obtained (which must be done within 120 days prior to the date of the further service); and
 - (b) the written approval of a Controlling Body is obtained.
- (2) If any approval is granted by a Controlling Body under subrule (1) of this rule, one further service only will be permitted under that approval, irrespective of the result of that service.
- 59 The owner of a Breeding Female, or the person with authority to breed that female, must not cause her to whelp more than two Litters in any 18 month period.

Identity Confirmation

- 60 (1) Prior to any service the studmaster or Artificial Insemination Technician must, positively identify the Breeding Female presented for service, and that can be done with reference to the Greyhound Breeding Identification Card. The studmaster or Artificial Insemination Technician must also, prior to any service, confirm that the Breeding Female is currently eligible for breeding. If there is any doubt about the identity of the Breeding Female or her eligibility for breeding, the person carrying out the identity examination must immediately inform the Controlling Body of the doubt and ensure that the Breeding Female is not serviced until the doubt has been resolved.

**Please Note: Ongoing registration as a Breeding Female will require you to maintain current vaccination status – details of booster vaccinations will need to be provided each year or she will not be eligible for breeding.*

Personal Information Protection Statement

By completing and submitting this document you will be providing personal information to Tasracing Pty Ltd (**Tasracing**).

Tasracing will manage personal information you provide to it in accordance with the *Personal Information Protection Act 2004* (Tas), other relevant laws which apply to Tasracing from time to time, and Tasracing's Privacy Policy.

A copy of Tasracing's Privacy Policy can be obtained from Tasracing or accessed at the following link:
tasracing.com.au/privacy-policy

Your personal information may be disclosed to third parties where it is permitted by law (or otherwise with your consent), including law enforcement agencies, courts and other organisations which are authorised to collect it.

For the avoidance of doubt and without limiting Tasracing's rights to otherwise lawfully disclose information, you expressly acknowledge and agree that your personal information may be disclosed to, and used and disclosed for their purposes by, the Tasmanian Racing Integrity Commissioner, the Racing Integrity Committee, officers appointed under section 13 of the *Animal Welfare Act 1993* (Tas) and authorised officers within the meaning of the *Biosecurity Act 2019* (Tas) in the discharge of their duties, including for purposes in connection with the *Racing Regulation and Integrity Act 2024* (Tas).

Where you provide personal information which is "basic personal information" this may be disclosed to other public sector bodies where necessary, for the efficient storage and use of that information.

The personal information you provide in connection with this document will be used by Tasracing for the purpose of processing your application for a licence and/or registration and for associated purposes pursuant to the *Racing Regulation and Integrity Act 2024* (Tas), associated legislation, and the Rules of Racing as adopted by Tasracing from time to time.

If you do not provide to Tasracing the personal information requested by this document the main consequences for you is likely to be that Tasracing may not be able to process your application and/or your application may be considered invalid.

You have the right to access your personal information by request to Tasracing and you may be charged a fee for this service. If you consider any of the personal information held by Tasracing to be incorrect or not up-to-date, please contact Tasracing.

Tasracing can be contacted in one of the ways set out on its website (tasracing.com.au), including via phone (03 6212 9333), email (admin@tasracing.com.au) or mail (PO Box 730, Glenorchy TAS 7010).

Greyhound Breeding Female – Breeding health and fitness certificate

If NO to any of these questions, provide details here:

Detail frequency of current oestrus patterns:

Detail any other significant abnormal clinical history during previous attempts at reproduction:

3. General Physical Examination

General Health Status

a) Physical Body Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
b) Teeth and Gums	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
c) Temperament	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
d) Eyes	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
e) Head	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
f) Limbs	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
g) Heart Auscultation	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
Heart Rate: <input type="text"/>				
h) Mucous Membrane and Capillary Refill Time	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
i) Abdominal Palpatation	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
j) Feet	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
k) Gait and Soundness	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
l) Skin	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
m) Tail	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
n) Palpate Mammary Glands	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
o) Vulval Conformation	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>
p) Vulval discharge (if present)	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor	COMMENT: <input type="text"/>

Greyhound Breeding Female – Breeding health and fitness certificate

General Comments:

For the purpose of this certificate of breeding health it is not a requirement to conduct either clinical pathology, internal or ultrasound investigations to determine general breeding health.

However, it is at the discretion of the owner, in consultation with the certifying veterinarian, whether further more in depth investigations, such as abdominal ultrasonography and cervical inspection, are warranted based on the initial findings of this broad examination and the Bitch's reproductive history.

Where further investigations have taken place then the results of those investigations should be provided attached to this document and submitted with this application.

4. Additional Remarks

I find no reason, based upon the confines of this clinical examination and available history, that this female greyhound should not be considered fit and healthy to be used for breeding purposes at this time.

5. Veterinary Surgeon Declaration

NAME OF VETERINARIAN:	VSB REG No.:	NAME OF VETERINARY PRACTICE:	AIN NUMBER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESENTED GREYHOUND NAME:	DATE OF EXAMINATION:
<input type="text"/>	<input type="text"/>

I, being a Registered Veterinarian, confirm that has presented the prescribed animal on this registration form, which I have examined in accordance with the prescribed standards and procedures.

SIGNATURE:	DATE:
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

DATE RECEIVED:	DATE APPROVED:	APPROVED BY:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	