Code of Practice for the Operation of Breeding and Rearing Businesses (2014)

Breeding clearance certificate

# Animal details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Microchip number |  | Gender |  |
| Breed |  | Coat colour |  |

Date of veterinary check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General comments about animal’s health

# Declaration

I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my professional opinion and in consultation with the owner believe this animal to be in good health, with no obvious signs of physical, behavioural or genetic disorder, and to be bred for the purposes stated above on the date of examination.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Age at time of veterinary check |  | Litter number |  |
| Number of litters with live offspring (maximum 5 litters in a lifetime) |  | Date of last whelping |  |
| Purposes for offspring (e.g. pet, replacement breeding animal, working dog, etc.) |  |

*Describe any known and/or notable genetic disorders/predispositions*

|  |  |
| --- | --- |
| Veterinary practitioner name |  |
| Practice name and address |  |
| Contact phone number |  |
| Breeding business name |  |
| Proprietor |  | Domestic Animal Business Number (issued by Council) |  |