Code of Practice for the Operation of

Breeding and Rearing Businesses (2014)

Sale guarantee and health declaration

# Animal details: dog/cat (circle)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Microchip number |  | Distinguishing features |  |
| Breed |  | Coat colour |  |
| Gender |  | Number of litter mates |  |

# Parentage

|  |  |  |  |
| --- | --- | --- | --- |
| Dam’s name |  | Sire’s name |  |
| Dam’s microchip # |  | Sire’s microchip # |  |
| Dam’s breed |  | Sire’s breed |  |

# Medical History

|  |  |  |  |
| --- | --- | --- | --- |
| Last vaccination date |  | Vaccination record attached | Yes / No |
| Last worming date |  | Worming treatment/active ingredient |  |
| Last flea treatment date |  | Flea/tick treatment brand/active ingredient |  |

# Breeder animal health declaration

Record a statement about the health of the animal including any noted physical, behavioural or genetic conditions obvious at the time of assessment, including but not limited to parasites, wounds, hair loss, discharge from eyes and nose, signs of pain, diarrhoea, etc.

Describe the welfare implications and possible veterinary costs associated with any of the conditions listed above

Other comments

# Breeder details

|  |  |
| --- | --- |
| Business name |  |
| Proprietor |  |
| Domestic Animal Business Number (issued by Council): |  |

### Breeder declaration and guarantee

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in accordance with the requirements with the Code of Practice for the Operation of Breeding and Rearing Businesses (Revision 1) offer the following guarantee and return policy:

* The animal provided to you is the animal described in this paperwork.
* The animal described in this paperwork has been bred in accordance with the requirements of the Code of Practice for the Operation of Breeding and Rearing Businesses (Revision 1) by me, the proprietor of a registered Domestic Animal Business.
* The animal described above is accompanied by a vaccination certificate signed by the veterinary practitioner who assessed the health and vaccinated the animal.
* The health statement above is a true and correct declaration of the health of the animals on the date of sale.
* All estimates of costs associated with treatment for any medical conditions are estimates only and at the discretion of the attending veterinary practitioner.
* The animal above is accompanied by a signed microchip registration transfer form for the licensed animal registry with which the animal’s microchip is registered.
* The animal is accompanied by information about the appropriate care for its age, breed and health status.
* The animal is accompanied by information about the legal requirements for owners of dogs and cats in Victoria.
* If the purchaser decides to return the above animal to this business within 3 days of sale, for any reason not supported by a statement from a veterinary practitioner, the business will take the above animal back and refund 75% of the purchase price.
* If the purchaser decides to return the above animal to this business within 21 days of sale accompanied by a statement from a veterinary practitioner that the above animal is unacceptable for health reasons, the business will take the above animal take back and refund 100% of the purchase price.
* If the above animal is diagnosed with, suffering from, dies or is euthanased from a disease that is traceable to this business, within 3 years of purchase, the business will refund 100% of the purchase price where the owner of the animal provides supporting statements from a veterinary practitioner.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# New owner details

|  |  |
| --- | --- |
| Name |  |
| Residential address where animal will live |  |
| Contact phone number |  |
| Municipal council where animal will live |  |
| Council to be notified by breeder | Yes / No |
| Microchip transfer form signed | Yes / No |
| Microchip transfer form to be lodged by | Breeder / New owner |
| Guarantee signed and given to new owner | Yes / No |

### New owner declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare the above information to be true and correct at the date given below. I declare that I understand the health statement provided above.   
I understand the implications of the declaration and health guarantee provided by the breeder above.

I have received copies of:

* this declaration
* the microchip transfer form
* vaccination certificate
* care information and legal responsibilities associated with owning the above animal.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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