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

Post-partum health certificate

# Animal details

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

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

General comments about bitch’s health

# Declaration

I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, conducted a post-partum examination of the above female dog. I have noted comments about the health and management of this dog for the owner’s records.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Age at time of veterinary check |  | Litter number |  |
| Number of pups born at last whelping |  | Date of last whelping |  |
| Number of live pups (today) |  | | |

*List any actions/recommendations regarding future breeding*

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