



## BREEDING FEMALE EXEMPTION APPLICATION TO BREED FEMALE OVER 8 YEARS OF AGE AND/OR HAS BRED OVER 3 LITTERS

### Overview of process to register a Breeding Female

- 1) Please answer all questions and sign the application form and ensure all parties sign the application.
- 2) Please Attach the following:
  - Greyhound Identification Card:**  
You must return the Greyhound's Racing Identification Card along with this application. A new Pink Breeding Identification Card will be issued if the application is approved. This Pink Card can be used if the Breeding Female is still racing.
  - Greyhound Vaccination Card:**  
You must attach a copy of your Greyhound's Vaccination Card with current proof of C5 (including date administered, name of veterinary practice, vet's name and signature).
- 3) Please note the following:
  - All Greyhounds must be microchipped by an approved Queensland Racing Integrity Commission (QRIC) Microchip Implanter prior to submitting a Breeding Female ID Card Application.
  - All Greyhounds must be DNA Fingerprinted by Greyhounds Australasia prior to submitting a Breeding Female ID Card Application.
  - The owner or intended breeder of the breeding female must be a licensed breeder with the QRIC.
  - A Breeding Lease must be lodged with this application if the owner does not have a Breeders Licence or does not intend to be the breeder of this Breeding Female.
  - If the Breeding Female has already whelped 3 litters or is older than 8 years of age a completed Breeding Female Exemption Application must be lodged in addition to this application.
  - If the Breeding Female is no longer racing a Retirement Notification Form must be completed by the owner and lodged with this application.
- 4) Send your complete application to the QRIC.



For the purposes of this application, a **LITTER** is defined as the collection of pups, either all alive, all deceased, or a combination of both, which resulted from a single whelping.

**DETAILS OF BREEDING FEMALE UNDER CONSIDERATION**

Greyhound's Name		Colour		Ear Brand	
Microchip No.		DNA No.		Whelp Date	
Sire		Dam			

Exemption request for Breeding Female: (Please tick)	<input type="checkbox"/>	8 Years of Age
	<input type="checkbox"/>	Bred over 3 Litters

**\*\*The accompanied "Veterinary Certification" of the appropriate Health and Fitness of this greyhound must be completed by a Registered Veterinarian and must be included with this application\*\***

**APPLICANT DETAILS**

Surname		Breeders Licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name		OzChase ID		
Postal Address				
Suburb		Postcode		
Telephone	Mobile		Home	
Email Address				

**PREMISES AT WITH THE GREYHOUND WILL RESIDE**

Property Owner Name		OzChase ID	
Kennel Address			
Suburb		Postcode	



**DETAILS OF PREVIOUS LITTERS BRED**

**FIRST LITTER:**

Sire Name:				Whelp Date:		No. Live Pups Whelped	
No. Deceased Pups Whelped		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race	
Describe any 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		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race	
Describe any 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		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race	
Describe any 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		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race		
Describe any events at or after whelping that may have impacted on the successful outcome for the litter or Breeding Female:								

FIFTH LITTER:								
Sire Name:				Whelp Date:			No. Live Pups Whelped	
No. Deceased Pups Whelped		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race		
Describe any 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		No. Pups Named		No. of Progeny to have had at least one start?		No. of Progeny to have Won a Race		
Describe any events at or after whelping that may have impacted on the successful outcome for the litter or Breeding Female:								





**GREYHOUND BREEDING FEMALE – BREEDING HEALTH AND FITNESS CERTIFICATE**

**TO BE COMPLETED BY A REGISTERED VETERINARIAN**

**1. IDENTIFICATION (DETAILS OF THE GREYHOUND TO BE REGISTERED FOR BREEDING)**

Greyhound's Name				Whelp Date	/ /
Microchip No.		Colour		Ear Brand	

**2. REPRODUCTIVE HISTORY**

Has this bitch had a litter of pups previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of last whelping	/	/
Has this bitch whelped normally during previous whelpings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Detail the number of prior normal whelpings		
Has external or medical intervention during whelping been required previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide details here		
Has the bitch undergone caesarean section previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, provide detail any/all history of this procedure including dates		
Has this female previously experienced;		
• Normal Oestrus patterns	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Normal gestation periods	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ease of conception	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Normal passage of foetal membranes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>In NO to any of these questions, provide details here</b>		

V1.01 | Reference number **2752**

Refer to the Commission's privacy policy on our website.

Queensland Racing Integrity Commission  
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 CITY EAST QLD 4002

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Office Hours: 8:30am  
 to 4:00pm, Mon-Fri  
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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	Good	Moderate	Poor	Comments
a) Physical Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Teeth and Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Normal	Abnormal	Comments	
d) Eyes	<input type="checkbox"/>	<input type="checkbox"/>		
e) Head	<input type="checkbox"/>	<input type="checkbox"/>		
f) Limbs	<input type="checkbox"/>	<input type="checkbox"/>		
g) Heart Auscultation	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Rate				
h) Mucous Membrane & Capillary Refill Time	<input type="checkbox"/>	<input type="checkbox"/>		
i) Abdominal Palpation	<input type="checkbox"/>	<input type="checkbox"/>		
j) Feet	<input type="checkbox"/>	<input type="checkbox"/>		
k) Gait and Soundness	<input type="checkbox"/>	<input type="checkbox"/>		
l) Skin	<input type="checkbox"/>	<input type="checkbox"/>		
m) Tail	<input type="checkbox"/>	<input type="checkbox"/>		
n) Mammary glands (palpate)	<input type="checkbox"/>	<input type="checkbox"/>		
o) Vulval conformation	<input type="checkbox"/>	<input type="checkbox"/>		
p) Vulval discharge (if present)	<input type="checkbox"/>	<input type="checkbox"/>		
General Comments				

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For the purposes 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 bitches reproductive history.

Where further investigations have taken place then the results of these investigations should be 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 Breeding Female should not be considered fit and healthy to be used for breeding purposes at this time.

5. VETERINARY SURGEONS DECLARATION			
<b>Presented (Greyhound Name)</b>			
<b>Date of Examination</b>		<b>VSB Reg No.</b>	
<b>Name of Veterinarian</b>		<b>AIN No.</b>	
<b>Name of Veterinary Practice</b>			
<b>I, being a Registered Veterinarian, confirm that</b>			
<b>Has presented the prescribed animal on this registration form, which I have examined in accordance with the prescribed standards and procedures.</b>			
<b>Signature:</b>		<b>Date</b>	





## RULES & CONDITIONS FOR REGISTERING A 'BREEDING FEMALE'

### **Breeding Female Registration:**

- R127 (6)** A bitch shall not be used for breeding purposes unless registered as a 'breeding female'.
- R127 (8)** Application for registration as a breeding female may be made by the owner or authorised person by lodging with the Controlling Body [or delegated authority] in the state in which they reside –
- (a) a completed prescribed form with any fee that may apply; and
  - (b) at the expense of the applicant, a DNA fingerprint analysis carried out by a laboratory designated by Greyhounds Australasia on a sample taken by a veterinary surgeon or other person approved by the Controlling Body; and
  - (c) evidence of a current vaccination status against parvovirus, hepatitis, canine distemper, parainfluenza virus and bordetella bronchiseptica (C5) issued by a veterinary surgeon identifying the greyhound by reference to its sex, colour, ear branding and/or microchip identifications and stating the next vaccination/booster due date.
  - (d) **The period of registration will be for one (1) year from the current vaccination date pursuant to sub-rule (c).**

### **Breeding Restrictions:**

**R127 (10)** The owner of a breeding female, or the person with authority to breed that female, shall not cause her to be mated if that breeding female is over eight (8) years of age without prior veterinary certification of appropriate health and fitness, and the approval of the Controlling Body in writing. The approval granted by the Controlling Body [or delegated authority] under this sub-rule will be to allow one (1) service/insemination only, irrespective of the result of said service/insemination. The veterinary certification must be obtained within 120 days prior to the date of the service.

**R127 (11)** A breeding female cannot be used for breeding more than three (3) litters without prior veterinary certification of appropriate health and fitness for further litters, and the approval of the Controlling Body [or delegated authority] in writing. The approval granted by the Controlling Body [or delegated authority] under this sub-rule will be to allow one (1) additional service/insemination only, irrespective of the result of said service/insemination. The veterinary certification must be obtained within 120 days prior to the date of the additional service.

**R127 (12)** The owner of a breeding female, or the person with authority to breed that female, shall not cause her to whelp more than two (2) litters in any 18 month period.

### **Identity Confirmation:**

**R127A (1)** Prior to any service or artificial insemination, the appropriate registered person shall, by reference to its Greyhound Breeding Identification Card, positively identify the breeding female presented to be served or inseminated. The appropriate registered person shall also, prior to any service or artificial insemination, confirm that the breeding female is currently eligible for breeding. Should there be any doubt over the identity of the breeding female or her eligibility for breeding, the person carrying out the identity examination shall, forthwith, inform the Controlling Body [or delegated authority] of the doubt and ensure that the breeding female is not served or inseminated 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.



## FACT SHEET – APPLICATIONS FOR BREEDING EXEMPTIONS

### **Age Restriction: The Queensland Racing Integrity Commission (QRIC) approval required to breed a female greyhound over the age of eight - GAR 127(10)**

Once your female greyhound turns eight (8) years of age, her registration as a breeding female will become inactive. Under the new Rules, she will **not** be able to breed again **unless** you are granted approval from the QRIC.

In order to seek approval from QRIC, you will need to complete the “**Application to Breed Female Over Eight Years of Age and/or Breed Over Three Litters**” Form and submit it to the QRIC. In the application form, you will need to complete details about your female greyhound’s breeding history.

You will also be required to obtain a veterinary certificate demonstrating that your breeding female is fit and healthy to breed. The “Greyhound Breeding Female - Breeding Health and Fitness Certificate” template attached to this application form, must be provided to the QRIC within 120 days prior to the date of the intended service.

If you are granted approval, you will be permitted one additional service or insemination regardless of the result. If you wish to arrange an additional service or insemination, you will need to fill out another form and submit to the QRIC for approval.

### **Three Litter Maximum: QRIC approval required to breed a fourth litter or more - GAR 127(11)**

Once your female greyhound whelps her third litter (regardless of who bred each litter), her registration as a breeding female will become inactive.

Under the new Rules, she will **not** be able to breed a fourth litter or more **unless** you are granted approval from the QRIC.

In order to seek approval from QRIC, you will need to complete the “**Application to Breed Female Over Eight Years of Age and/or Breed Over Three Litters**” Form and submit it to the QRIC. In the application form, you will need to complete details about your female greyhound’s breeding history.

You will also be required to obtain a veterinary certificate demonstrating that your breeding female is fit and healthy to breed. The “Greyhound Breeding Female - Breeding Health and Fitness Certificate” template attached to this application form, must be provided to the QRIC within 120 days prior to the date of the intended service.

If you are granted approval, you will be permitted one additional service or insemination regardless of the result. If you wish to arrange an additional service or insemination, you will need to fill out another form and submit to the QRIC for approval.

### **Criteria for Processing Breeding Exemptions**

The intention of the new breeding Rules is to ensure that breeders have more positive outcomes when breeding and also to reduce the number of greyhounds that fail to be competitive. This will lead to a reduction of the number of healthy greyhounds who are unsuitable for racing.

Ultimately, the QRIC’s decision to grant or refuse an application for a breeding exemption will be based on the breeding history of the female greyhound, whether she is fit and healthy, and whether she has previously whelped pups that have been successful on the track.

The following criteria will be assessed for each application for a breeding exemption:

- 1. Application form must be complete, signed and include all the necessary details and supporting documents;**
- 2. The Owner (or person with the authority to breed) must be licensed as a Breeder;**

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3. The breeding premises must not be subject to any outstanding work directives arising out of any inspections conducted by an QRIC Authorised Officer;
4. The female greyhound must be registered as a Breeding Female;
5. The female greyhounds breeding history must demonstrate success. Success will be assessed using the following measures:
  - a. Percentage of total number of greyhounds **named** against the total number of pups **whelped** (from all litters)  
***The percentage must be greater than 80%***
  - b. Percentage of total number of greyhounds that **started** in race against the total number of pups **named** (from all litters)  
***The percentage must be greater than 80%.***
  - c. Percentage of total number of greyhounds that **won** a race against the total number of pups **named** (from all litters)  
***The percentage must be greater than 60%.***
6. **Dog must be fit and healthy to breed – Veterinary Certificate**  
Participants are required to obtain a veterinary certificate demonstrating that the breeding female is fit and healthy to breed. A “**Greyhound Breeding Female - Breeding Health and Fitness Certificate**” template has been provided with this application form.

You may attach this veterinary certificate to the application for breeding exemption. Alternatively, a veterinary certificate can be supplied to the QRIC after the initial consideration of the application.

Once the QRIC has considered the application for breeding exemption you will be notified in writing of the outcome of the QRIC's decision.

#### **Further Information**

The new Rules and Application Forms can be viewed in the Greyhound section on the QRIC website – [www.qric.qld.gov.au](http://www.qric.qld.gov.au)