## Post Whelping Veterinary Health Assessment Certificate

Breeders and/or Whelpers must ensure that the breeding female has a health assessment by a veterinarian within 8 weeks of whelping. For convenience this could be when the litter receives their 6-8 week vaccinations. Once completed, a copy of the certificate must be kept with your Establishment records.

| Greyhound name |  | Examination Date | / / |  |
| :--- | :--- | :--- | :--- | :--- |
| Microchip number |  |  | Ear brand |  |

Whelping information: Record breeder/whelper observations or comments about the dam during whelping and recovery, her attitude towards the puppies, her milk production and general interest in feeding and cleaning up after the pups.

| Whelping (please circle) | Natural | C-section | Litter number (please circle) | 1 | 2 | 3 | 4 | 5 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## General physical examination

| General health status | Good | Moderate | Poor | Comments |  |
| :--- | :--- | :--- | :--- | :--- | :---: |
| a) Physical body condition |  |  |  |  |  |
| b) Abdominal examination | Please detail: |  |  |  |  |
| c) Milk production and mammary <br> glands | Please detail: |  |  |  |  |
| d) Vulval discharge (if present) |  |  |  |  |  |

General comments: Record detailed comments on the general health of female post-partum and management requirements provided to participant (if any). Include notes on caesarean wound healing where applicable.

## Veterinary declaration

I, as a registered veterinarian, certify that:

- I have examined the greyhound named above to assess her recovery after whelping and her current state of health and find her to be healthy.
- this Veterinary Declaration is provided in accordance with Guidelines issued by the Veterinary Practitioners Registration Board of Victoria under the Veterinary Practice Act 1997.

| Name of veterinarian |  | VPRBV no |  |  |
| :--- | :--- | :--- | :---: | :---: |
| Name of veterinary <br> practice |  |  |  |  |
| Veterinarian's signature |  | Certification date | $/ / /$ |  |

