# GRV BREEDING PLAN TEMPLATE

GRV expects all breeders to develop a breeding plan to accompany any proposed mating. To support participants in the development of these plans, we have provided a guide to help you breed successful racing pups.

**Evaluating the BREEDING FEMALE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Greyhound name |  | | | Date of birth | / / |
| Microchip number |  | | | Ear brand |  |
| Sire |  | Dam |  | | |

|  |  |  |
| --- | --- | --- |
| Attribute | Description – | Comment |
| Temperament | Calm, relaxed, outgoing or friendly |  |
| Nervous, anxious, shy or aloof\* |  |
| Aggressive, highly strung or fearful\*\* |  |
| Racing | Race habits (e.g. hard railer, wide runner, marring?) |  |
| Race results |  |
| Early pace, endurance, stamina |  |
| Chase/ focus |  |
| Best distance (e.g. sprint, middle, stayer) |  |
| Previous litters | Pregnancy health |  |
| Ease of whelping / complications / Caesarean sections |  |
| Litter sizes, puppy health |  |
| Milk production / feeding / complications |  |
| Attitude towards pups (e.g. patient, aloof, playful) |  |
| Offspring to race |  |

**DETAILS OF PREVIOUS LITTERS BRED (Write N/A across the relevant boxes)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Whelp date | Insemination method | Pups born alive/  dead | Whelping | No of pups named | No of greyhounds to start in a race | No of greyhounds to win a race | No of greyhounds never raced |
| First litter |  | Natural/Surgical/TCI | / | Natural caesarian |  |  |  |  |
| Describe any events at or after birth that may have impacted on the successful outcome for the litter or breeding female | | |  | | | | | |
| Second litter |  | Natural/Surgical/TCI | / | Natural caesarian |  |  |  |  |
| Describe any events at or after birth that may have impacted on the successful outcome for the litter or breeding female | | |  | | | | | |
| Third litter |  | Natural/Surgical/TCI | / | Natural caesarian |  |  |  |  |
| Describe any events at or after birth that may have impacted on the successful outcome for the litter or breeding female | | |  | | | | | |
| Fourth litter |  | Natural/Surgical/TCI | / | Natural caesarian |  |  |  |  |
| Describe any events at or after birth that may have impacted on the successful outcome for the litter or breeding female | | |  | | | | | |

# Evaluating the SIRE

# Race name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ear Brand: \_\_\_\_\_\_\_\_\_ Microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Attribute | Description | Comment |
| Temperament | Calm, relaxed, outgoing or friendly |  |
| Nervous, anxious, shy or aloof |  |
| Aggressive\*\*, highly strung or fearful |  |
| Racing | Race habits (e.g. hard railer, wide runner) |  |
| Race results (e.g. city class, country class, mix) |  |
| Early pace, endurance, stamina |  |
| Chase/ focus |  |
| Best distance (e.g. sprint, middle, stayer) |  |
| Previous litters | Litter sizes |  |
| Offspring to race |  |

# *\*Timid, anxious and fearful females excrete stress hormones which can affect the resilience of pups.*

*\*\* Inherited from the sire.*

For more information on evaluating please visit <https://greyhoundcare.grv.org.au/breeding/successful-breeding/>

## **Litter Management**

Consider important aspects of whelping, rearing and educating the litter. If you will not be fulfilling these functions, consider whether chosen individuals can support you and the pups to a successful racing career. To help you, consider the following questions.

**BREEDING MANAGEMENT**

|  |  |
| --- | --- |
| Service type (circle all relevant) | Natural mating Surgical AI TCI |
| Semen type (circle all relevant) | Fresh Chilled Frozen |
| Proposed sire: |  |
| Reason for choosing sire: |  |
| Who will whelp the litter: |  |
| Who will rear the litter: |  |
| Who will educate the litter: |  |

|  |  |  |
| --- | --- | --- |
|  | YES/NO | COMMENTS |
| Does the Whelper have a Code compliant whelping space and experience in whelping? |  |  |
| Does Whelper have early socialisation & enrichment programs which introduce young pups to different environments, surfaces, dog breeds, people and promote racing success? \* |  |  |
| Does Rearer have a rearing yard for training and enrichment? |  |  |
| Does Rearer have socialisation & enrichment programs which promote racing success? (including regular/weekly interaction with unfamiliar people and different breeds of dogs)\* |  |  |
| Does the Rearer have suitable kennel facilities for transitioning pups to a kennel environment? |  |  |
| Does the Rearer have a Kennel Transition Program and good knowledge of the signs of abnormal behaviours to prevent the development of abnormal behaviours that could impact on racing and rehoming? |  |  |
| Does the Educator use positive reward training methods? |  |  |

\* See <https://greyhoundcare.grv.org.au/wp-content/uploads/2019/12/GRV-Socialising-for-Success-191219.pdf>

**Other Notes:**

|  |
| --- |
|  |

**BREEDING COSTS** **(All fields must be completed)**

|  |  |
| --- | --- |
| Estimated sire cost: | $ |
| **Estimated veterinary costs**   * Pre-mating health check and progesterone test(s)/swab(s) * Insemination fees * Birth support (e.g. caesarean section) * Post-whelping 6-8 week check-up * 6-8 week pup vaccinations\*\* | $  $  $  $  $  $ |
| Estimated whelping costs | $ |
| Estimated rearing costs\*\* | $ |
| Estimated education costs\*\* | $ |
| **Total estimated cost** | **$** |

*\*\* for the purposes of this calculation assume there are 6 pups*

***GRV recommends every female greyhound has a pre-insemination health check – attached is a useful certificate template***

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**VETERINARY BREEDING HEALTH ASSESSMENT CERTIFICATE**

# Details of breeding female greyhound

|  |  |  |  |
| --- | --- | --- | --- |
| Greyhound name |  | Date of birth | / / |
| Microchip number |  | Ear brand |  |
| Vaccination status | Next C3 due: / / Next Kennel Cough due: / / | | |

1. **Reproductive history**

**Has the breeding female previously experienced?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **Comments: If NO, please describe**  Include recovery from surgery and any uterine issues/surgical healing |
| Normal oestrus patterns |  |  |  |
| Ease of conception |  |  |  |
| Normal gestation period |  |  |  |
| Normal passage of foetal membranes |  |  |  |

Is the information provided in Table 2, based on review of the female’s clinical history or information provided by the person presenting the greyhound:

**Clinical history**  **Participant information**

1. **General Physical Examination**

For the purposes of this certificate of breeding health it is not a requirement to conduct clinical pathology, diagnostic imaging, or further internal investigations to determine general breeding health. However, it is at the discretion of the veterinarian whether further diagnostic investigation is warranted, based on the initial findings of this broad examination and the female’s reproductive history, prior to certifying fitness to breed. Where further investigations have taken place then the results of these investigations should be provided attached to this document and submitted with this application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General Health Status** | **Good** | | **Moderate** | | **Poor** | **Comments** |
| a) Physical body condition |  | |  | |  |  |
| b) Teeth and gums |  | |  | |  |  |
| c) Temperament: fearful, timid, aggressive, aloof or calm, relaxed, outgoing and friendly | Please detail: | | | | | |
|  | **Normal** | | | **Abnormal** | | **Comments** |
| d) Eyes |  | | |  | |  |
| e) Head |  | | |  | |  |
| f) Limbs |  | | |  | |  |
| g) Heart auscultation |  | | |  | |  |
|  |  | Heart rate \_\_\_\_\_ bpm | | | | |
| h) Mucous membranes and capillary refill time |  | | |  | |  |
| i) Abdominal palpation |  | | |  | |  |
| j) Feet |  | | |  | |  |
| k) Gait and soundness |  | | |  | |  |
| l) Skin |  | | |  | |  |
| m) Tail |  | | |  | |  |
| n) Mammary glands |  | | |  | |  |
| o) Vulval conformation |  | | |  | |  |
| p) Vulval discharge (if present) |  | | |  | |  |
| q) Known heritable diseases | Please detail | | | | | |
| **General comments and additional remarks** | | | | | | |

# Veterinary declaration

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of greyhound** |  | **Examination date** | / / |
| **Name of veterinarian** |  | **VPRBV no** |  |
| **Name of veterinary practice** |  | | |
| I, being a registered veterinarian declare that:   * I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(greyhound as described above)* in accordance with prescribed standards and procedures, including a review of all available clinical notes and the history provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant)*. * I find: *(please tick one of the below boxes only)*   **🞎 this female greyhound to be fit and healthy at this time, and there are no other physical reasons or limitations as to why she should not breed a litter at this time; or**  **🞎 this female greyhound is NOT fit and healthy to be bred with at this time.**   * The information I have provided is true and correct. * The breeding statement above reflects my clinical opinion in accordance with my duties as a registered veterinarian under the Veterinary Practitioners Registration Board of Victoria. | | | |
| **Veterinarian’s signature** |  | **Certification date** | / / |