**MODEL lITTER RECORD FORM**

To assist members with compliance with Dogs Victoria Codes 20.1.22.1 – 20.1.22.2.

**Complete Litter Record**

|  |  |
| --- | --- |
| Member Name  |  |
| Address |  |
| Contact Number |  |
| DV Breeding Prefix |  |
| DV Membership Number |  |
| Breed |  |

**Litter Parents Details**

**Sire:**

|  |  |
| --- | --- |
| Registered Name |  |
| Microchip # |  | Coat Colour |  |
| Registration # |  | Date of Birth |  |

**Dam:**

|  |  |
| --- | --- |
| Registered Name |  |
| Microchip # |  | Coat Colour |  |
| Registration # |  | Date of Birth |  |

|  |  |
| --- | --- |
| Date of Commencement of Season |  |
| Date of Insemination |  |
| Method of Insemination(Underline) | Natural, Fresh AI, Chilled AI, Frozen AI (Surgical/TCI) |
|
| Comments on bitch during gestation – feeding, worming, activity, discharge etc |  |

**Whelping Record**

**Date first pup born: Division of sexes:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy # | Time | Sex | Color | Markings | Placenta | Time between | Presentation | Weight | Comments |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

 **Litter Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of females in the litter |  | Number of males in the litter |  |
| Number of live births in the litter |  | Number of stillborns in the litter |  |
| Describe any birth complications |
|  |

**Litter Weight Record**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy ID | Birth | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Comments (including feeding regime for bitch) |
|  |

**Litter Weight Record/Dates Wormed/Vaccinated/Microchipped**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Puppy ID | 2 weeks | 3 weeks | 4 weeks | 6 weeks | 8 weeks | 10 weeks | 12 weeks |
| 1 |  |  |  | Chip # |  |  |  |
|  |
| 2 |  |  |  | Chip # |  |  |  |
|  |
| 3 |  |  |  | Chip # |  |  |  |
|  |
| 4 |  |  |  | Chip # |  |  |  |
|  |
| 5 |  |  |  | Chip # |  |  |  |
|  |
| 6 |  |  |  | Chip # |  |  |  |
|  |
| 7 |  |  |  | Chip # |  |  |  |
|  |
| 8 |  |  |  | Chip # |  |  |  |
|  |
| 9 |  |  |  | Chip # |  |  |  |
|  |
| 10 |  |  |  | Chip # |  |  |  |
|  |

|  |
| --- |
| Comments (including weaning regime and food, worming and parasite prevention brand and type of vaccination |
|  |

**General Health History of Litter** (Must be accompanied by a copy of any veterinary treatment record)

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Illness** | **Treatment** |
| **Example**7/2/20187:50AM | *Puppies Numbers 1,3 & 5 have diarrhoea* | *Treated with Yakult & Peptosyl**Withold next meal**Firm stools after 12 hours* |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |
|  / / |  |  |

**Puppy being rehomed (there must be a form completed for every puppy that leaves the breeder)**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | Breed |  |
| Registration # |  | Gender |  | Coat Colour |  |
| Microchip # |  | Date of Birth |  |

**New owner**

|  |  |
| --- | --- |
| Name |  |
| Residential address where dog will live |  |
| Contact Number |  |
| Municipal Council |  |
| Microchip form transfer signed? 🞏 Yes 🞏 No  | Microchip form transfer lodged? 🞏 Yes 🞏 No  |
| Sales contract signed and given to new owner? 🞏 Yes 🞏 No  | Health Certificate Given to New Owner? 🞏 Yes 🞏 No |

*Note: Copy of microchip transfer form and signed Sales Contract should be attached to this record*

**Return Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | Breed |  |
| Registration # |  | Gender |  | Coat Colour |  |
| Microchip # |  | Date of Birth |  |
| Microchip form transfer signed? | 🞏 Yes 🞏 No Date: \_\_\_/\_\_\_/\_\_\_\_  | Microchip form transfer lodged? | 🞏 Yes 🞏 No Date: \_\_\_/\_\_\_/\_\_\_\_  |
| Return reason |
|  |