**MODEL ANIMAL RECORD FORM**

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



**Complete Animal Record**

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

**DOG/BITCH DETAIL**

|  |  |
| --- | --- |
| Address where housed, including Municipal Council  (if not with breeder) |  |

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

*Note: Insert (or attach) scanned registration certificate*

**BIRTH HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | | | |
|  | | | |

**NEW HOME DETAILS**

|  |  |  |
| --- | --- | --- |
| 🞏 Exhibition (show/trial etc.)  🞏 Pet 🞏 Breeding | Source Number (if applicable) |  |

**NEW OWNER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Residential address where animal 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 | |

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

**EUTHANASIA DETAILS**

|  |  |
| --- | --- |
| Date of euthanasia (or death) | / / |
| Vet clinic performing euthanasia |  |
| Reason for euthanasia (death) |  |

**RETURN RECORD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registered Name |  | | Gender | 🞏 Male 🞏 Female | |
| Microchip # |  | | Return date | | / / |
| Microchip form transfer signed? | 🞏 Yes 🞏 No  Date: \_\_\_/\_\_\_/\_\_\_\_ | Microchip form transfer lodged? | | 🞏 Yes 🞏 No  Date: \_\_\_/\_\_\_/\_\_\_\_ | |
| Return reason | | | | | |

*Note: Copy of microchip transfer form should be attached to this record*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Given** | **Canine Distemper** | **Infectious Canine Hepatitis** | **Canine Parvovirus** | **Canine Cough (parainfluenza (Type II) and Bordetella bronchiseptica)** | **Intestinal worms** | **Heartworm** | **Fleas, Ticks and Mites** |
| / / |  |  |  |  |  |  |  |
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**VACCINATION & WORMING HISTORY** (Must be accompanied by a copy of the veterinary issued vaccination record)

**GENERAL HEALTH HISTORY** (Must be accompanied by a copy of any veterinary treatment record)

|  |  |  |
| --- | --- | --- |
| **Date** | **Description of Illness** | **Treatment** |
| **Example**  7/2/2018  7:50AM | Small wound on back leg — above hock  Has been bleeding, but had begun to scab over | Washed with saline  Antiseptic ointment applied  Check in 4 hours |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |
| / / |  |  |

**REPRODUCTIVE HISTORY (BITCH)**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip # |  | Date of Birth | / / |
| Attach copy of breeding clearance to this record |  | | |

| **Last annual health certificate issue date** | **Mating/**  **Insemination date**  **(List each day)** | **Sire** | **Expected due date** | **Birth date** | **# Live births** | | **# Stillborn** | | **Total number in Litter** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Female** | **Male** | **Female** | **Male** |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |

**Attach copies of litter records whelped by this bitch here.**

**REPRODUCTIVE HISTORY (DOG)**

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Name |  | | |
| Microchip # |  | Date of Birth | / / |
| Attach copy of breeding clearance to this record |  | | |

| **Last annual health certificate issue date** | **Mating/**  **Insemination date**  **(List each day)** | **Female** | **Expected due date** | **Birth date** | **# Live births** | | **# Stillborn** | | **Total Number in Litter** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Female** | **Male** | **Female** | **Male** |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
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| Microchip #: |
| / / |  | Name: | / / | / / |  |  |  |  |  |
| Microchip #: |

**NOTES**