

## 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)	
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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

<input type="checkbox"/> Exhibition (show/trial etc.)	Source Number (if applicable)	
<input type="checkbox"/> Pet <input type="checkbox"/> Breeding		

## NEW OWNER DETAILS

Name			
Residential address where animal will live			
Contact Number			
Municipal Council			
Microchip form transfer signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip form transfer lodged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sales contract signed and given to new owner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Microchip #		Return date	/ /
Microchip form transfer signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: __/__/__	Microchip form transfer lodged?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: __/__/__
Return reason			

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



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

Date	Description of Illness	Treatment
<b>Example</b> 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:	/ /	/ /					
		Microchip #:							
/ /		Name:	/ /	/ /					
		Microchip #:							

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:	/ /	/ /					
		Microchip #:							
/ /		Name:	/ /	/ /					
		Microchip #:							

**NOTES**