

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 7/2/2018 7:50AM	<i>Puppies Numbers 1,3 & 5 have diarrhoea</i>	<i>Treated with Yakult & Peptosyl Withhold next meal Firm stools after 12 hours</i>
/ /		
/ /		
/ /		
/ /		
/ /		

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

Registered Name		Breed	
Registration #		Gender	
Microchip #		Date of Birth	

New owner

Name			
Residential address where dog 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	Health Certificate Given to New Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Return Record

Registered Name		Breed	
Registration #		Gender	
Microchip #		Date of Birth	
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			

