

POST WHELPING VETERINARY CERTIFICATE

(**to be completed within 8 weeks of whelping date**)

MEMBER DETAILS

Dogs Victoria Member's Name			
Dogs Victoria Member Number		Dogs Victoria Registered Prefix	

ANIMAL DETAILS

Registered Name		Date of Birth	
Microchip #		Gender	FEMALE
Breed		Colour	

Date Litter Whelped: _____

Caesarean Required? YES NO

Number of Pups Born: _____

Number of Pups Surviving: _____

Details of any issues encountered with this litter: (e.g. mastitis, inadequate milk production, poor mothering, fading puppies, physical defects, illness)

EXAMINATION DETAILS

The general condition of this bitch appears to be: _____

Mammary Glands appear normal: YES NO _____

Anus / Vulva appear normal: YES NO _____

Where a caesarian was required-
Surgery site appears normal: YES NO _____

VETERINARIAN'S DECLARATION

As a Registered Veterinary Practitioner, I have today performed a post-partum health check on the breeding animal identified above.

Veterinarian's Name		Clinic Details/Stamp
Veterinarian's Signature		
Date of Examination		