



PET INDUSTRY ASSOCIATION

DOG BREEDER'S VETERINARY AUDIT REPORT 2016

It is a requirement that the Breeder/Owner complies with all relevant State Legislation and Codes of Practice in their State/Territory for the breeding of dogs. In the absence of Legislation or a Code of Practice it is a requirement that the Breeder/Owner complies with the NSW Code of Practice for Breeding Dogs & Cats.

This Code can be found on the NSW Government website at-

www.dpi.nsw.gov.au/agriculture/livestock/animal-welfare/general#codes-of-practice

Information contained in this report will be held by the Pet Industry Association of Australia and will not be released to any third party other than RSPCA, AWL or relevant Government authority.

This Vet Report **does not** constitute breeder membership or accreditation by PIAA. The document is an annual vet report that ensures the breeder, who is supplying puppies to a PIAA Retail Member is at least abiding by their state's COP and is practicing in an ethical manner.

Report details	
Report Date:	
Breeder Registration (if applicable):	PIAA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dogs on property (not including puppies under 12 weeks of age):	
Breeder Name:	Veterinary Practitioner:
Business Name (If applicable):	Business Name (If applicable):
Business ABN (If applicable):	Business Name (If applicable):
Address:	Address:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
Website:	Website:

Notes for Veterinarians

Thank you for agreeing to participate in the PIAA's Approved Dog Breeders Scheme to help address community concerns about unwanted pets and puppy farms.

A breeder is anyone who intentionally puts an entire dog with another to breed. A breeder is not defined by number of dogs i.e. you could have one breeding dog, but you are still a breeder. Some requests in the document may be less relevant with breeders whose animals are house pets.

If breeding animals are house pets, the house is inspected as if it were "the kennel".

Your role is to visit the breeding facility and report on whether, in your opinion, the standards in place are satisfactory to ensure the health and wellbeing of puppies and their parents.

You are not expected to certify compliance with State Codes of Practice or other legal requirements – you are simply providing your expert advice to the breeder on whether their facility is satisfactory from your perspective.

Please assess the facility based on the areas listed below and confirm whether it is satisfactory or improvements are required by ticking the appropriate boxes. Where improvements are required, please make your recommendations in the comments section at the end. You will need to visit the facility again with the breeder's permission to ensure your recommendations have been implemented.

Once you have completed your final report, the breeder will submit it to the PIAA member pet store who will forward a copy to PIAA.

If you have any questions or concerns about this report or the Approved Dog Breeders Scheme, please contact the PIAA on 02 9659 5811 or info@piaa.net.au

REPORT AREA	FACILITY CHECKLIST (to be completed by the breeder)	VETERINARIAN'S CHECK	VET COMMENT
1.0 COMPLIANCE I have read my relevant states Legislated Code of Practice and I believe my facility is compliant.	<input type="checkbox"/> I believe my facility complies	N/A	
1.1 As a minimum the breeder must abide by their states legal COP, however are encouraged the work towards PIAA "Standards and Guidelines for Best Practice for Breeders".	<input type="checkbox"/> I believe my facility complies <input type="checkbox"/> I don't currently comply but I am prepared to work towards this greater compliance	N/A	
1.2 The breeder breeds their own puppies and is not acting as an agent or broker.	<input type="checkbox"/> I believe my facility complies	N/A	
2.0 FACILITY & GROUNDS Kennel structures are in good repair and are not likely to injure dogs or humans. Fencing is adequate to prevent escape of dogs. Property and the landscape are satisfactorily maintained and free from rubbish and material that may harbour vermin/venomous snakes and detract from the aesthetic appearance of the property.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
3.0 WORK AREAS & FOOD PREPARATION Animal food preparation area is neat and clean. Food is stored in appropriate containers and labelled accordingly.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
4.0 ANIMAL MEDICATION Any animal medications are stored appropriately and where necessary have an appropriate veterinary prescription label attached.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
5.0 FIRST AID (HUMAN) First aid kit is easily accessible and can be located by all staff.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	

REPORT AREA	FACILITY CHECKLIST (to be completed by the breeder)	VETERINARIAN'S CHECK	VET COMMENT
<p>5.1 ENVIRONMENTAL CONTROL</p> <p>Breeding facilities must be designed, constructed, serviced and maintained in a way that provides for the good health and well-being of the animals. Animals must be provided protection from rain, wind, direct sunlight or other adverse weather conditions. Primary enclosures are sturdy, impervious to moisture and do not injure the animal or humans.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>5.2</p> <p>Animal sleeping areas must remain clean, dry and sufficiently insulated from the floor, with suitable bedding appropriate to the breed or species.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>5.3</p> <p>Kennel interiors are adequately lit and easily visible during daylight hours and easily visible for after-dark emergencies or identification of distressed animals.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>6.0 SANITISATION</p> <p>Written policies are in place to ensure occupied enclosures are cleaned and sanitised daily. Excretory and waste odours are managed at all times.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>6.1</p> <p>Animal waste is removed at least twice a day to minimise contamination & odour minimisation.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>6.2</p> <p>Animals are kept dry and protected during enclosure cleaning.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
<p>6.3</p> <p>Water receptacles and feed bowls are clean and fresh on inspection.</p> <p>Written policies are in place for daily cleaning and refilling.</p>	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	

REPORT AREA	FACILITY CHECKLIST (to be completed by the breeder)	VETERINARIAN'S CHECK	VET COMMENT
7.0 FIRE AND ELECTRICAL SAFETY If kennels are free standing and separate from the home they should have fire equipment on hand and smoke detectors.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
7.1 An evacuation plan should be in place.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
8.0 KENNELS Primary dog enclosures enable dog to stand, turn around comfortably and lie with limbs extended and/or complies with the relevant state codes of practice.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
8.1 Exercise areas and runs allow for all dogs to trot.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
8.2 Breeding facilities should be isolated from all other dogs to ensure that the introduction of disease to the puppies is minimised.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
8.3 Primary enclosure materials are sturdy, impervious to moisture and do not injure the animal.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
8.4 The premises have provisions for an area of isolation for a dog that requires medical attention and is unable to be housed in regular area where dogs are normally housed.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	

REPORT AREA	FACILITY CHECKLIST (to be completed by the breeder)	VETERINARIAN'S CHECK	VET COMMENT
8.5 The premise has a quarantine area onsite or offsite for new dogs/puppies acquired that will be housed on the property to minimize the risk of brining in infectious disease such as Parvovirus.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
9.0 COMMUNITY PLAYTIME Procedures in place for community playtime and human socialisation.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
10.0 RECORD KEEPING Records should be kept for each individual puppy including date of birth, weight at birth, regular weights (at least weekly), worming, medications etc.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
10.1 Records for each and individual breeding dog including treatment, vaccination, breeding history and other relevant information.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
11.0 TRANSFER OF OWNERSHIP Policies are in place for the transfer of ownership papers between the breeder and the purchaser, including transfer or micro chipping records. The breeder understands that it is a requirement by PIAA and in some states by law to micro-chip all puppies in the breeders name for lifetime traceability.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
12. The breeder has a retirement plan regarding the rehoming of a dog no longer used for breeding which should include de-sexing.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	
13. All dogs kept on the premises appear to be in good physical and psychological health.	<input type="checkbox"/> I believe my facility complies	<input type="checkbox"/> Improvements Req. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Exceptional	

Statutory Declaration

OATHS ACT 1900, NSW, NINTH SCHEDULE

I, , of

[name of declarant] *[residence]*

do hereby solemnly declare and affirm that

I have truthfully answered the above PIAA Vet Audit and have read my relevant states Legislated Code of Practice and I believe I comply with the minimum standards.

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: on

[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a

[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: [** please cross out any text that does not apply*]

1. *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months *OR* *I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]