



RACING AND WAGERING WESTERN AUSTRALIA

Frozen Insemination Program

LIST OF FORMS



Form F.I.(1)
GREYHOUNDS

APPLICATION TO THE AUTHORITY FOR APPROVAL OF
A FACILITY UNDER THE FSI PROGRAM

This form must be submitted by the facility applicant to Racing and Wagering Western Australia (RWAA) to indicate his or her request for the registration of a facility as an approved facility (FSI).

1. FACILITY APPLICANT

Name:
Address:
Telephone: Home..... Work:..... Mobile
Email:

2. FACILITY LOCATION

Name:
Address:
Telephone: Email:

3. SECURITY

RWAA requires reasonable security procedures, including the storage of tanks in a well-protected and locked facility. Describe the security features of the facility.

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.....
.....

4. ACCOUNTING

RWAA also requires a facility to maintain a current and accurate set of records of all frozen semen stored and used at the facility. Submit a sample of accounting procedure (with this application or within 30 days) or describe accounting method.

.....
.....
.....

I hereby agree to comply in a timely manner with the requirements of the Rules in relation to approved facilities (FSI). I understand that any breach of those Rules is grounds for withdrawal of the facility's status as an approved facility (FSI). In particular, I understand that a RWAA representative may make periodic random inspections of the facility without notice to ensure that all greyhound-related records, documents and other items are in order, and that a refusal to allow such an inspection is a ground for withdrawal of the facility's status as an approved facility (FSI).

Signed: Date:
Facility Applicant's Signature



Form F.I.(2)
GREYHOUNDS

APPLICATION AS AN APPROVED PERSON (FSI)
UNDER THE FSI PROGRAM

This form must be submitted by the facility applicant to Racing and Wagering Western Australia (RWAA) to indicate his or her request for the registration of a facility as an approved person (FSI).

1. APPLICANT

Name:
Address:
Telephone: Home Work Mobile
Email:

2. FACILITIES

List the facilities with which you are or plan to be affiliated with or work from as an approved person (FSI).

.....
.....
.....

3. EXPERIENCE

List your qualifications and experience in the area of frozen semen insemination. Attach appropriate certification.

.....
.....
.....

4. IF APPLYING AS A REGISTERED VETERINARIAN

State Veterinary Registration No:
Name of Clinic or Facility:
Address:
Telephone: Home Work Mobile

I hereby agree to comply in a timely manner with the requirements of the Rules in relation to approved facilities (FSI). I understand that any breach of those Rules is grounds for withdrawal of the facility's status as an approved facility (FSI). In particular, I understand that a RWAA representative may make periodic random inspections of the facility without notice to ensure that all greyhound-related records, documents and other items are in order, and that a refusal to allow such an inspection is a ground for withdrawal of the facility's status as an approved facility (FSI).

Signed: Date:
Applicant's Signature



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(3)
GREYHOUNDS

APPLICATION TO REGISTER
WESTERN AUSTRALIAN BASED STUD SIRE
UNDER THE FSI PROGRAM

This form must be submitted by the owner or lessee of a stud sire registered in Western Australia to Racing and Wagering Western Australia (RWAA) to register the greyhound as a sire under the FSI Program.

STUD SIRE (Note: This form is for stud sires registered in WA only.)

Name:

Earbrand: Left:..... Right:

Facility:

Address:

I hereby agree to comply in a timely manner with the requirements of the Rules in relation to the FSI Program. I understand that RWAA accepts no liability arising from any act or omission of any person at an approved facility (FSI). I understand that the withdrawal of approved facility (FSI) status from a facility by RWAA may result in a refusal to register any matings from semen stored at that facility.

Signed: Date:

Owner:
Print name

OFFICE USE ONLY

Approval: Granted Denied Date:

Stud Sire ID No.:



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(4)
GREYHOUNDS

APPLICATION TO REGISTER
INTERSTATE BASED STUD SIRE
UNDER THE FSI PROGRAM

This form must be submitted by the owner or lessee of a stud sire registered in the State or Territory of Australia other than WA to Racing and Wagering Western Australia (RWAA) to register the greyhound as a sire under the FSI Program.

STUD SIRE

Note: This form is for stud sires registered in a State or Territory of Australia other than WA. Sires must be domiciled in WA to participate in the FSI program.

Name:
Earbrand: Left: Right:
Facility:
Address:

I hereby agree to comply in a timely manner with the requirements of the Rules in relation to the FSI Program. I understand that RWAA accepts no liability arising from any act or omission of any person at an approved facility (FSI). I understand that the withdrawal of approved facility (FSI) status from a facility by RWAA may result in a refusal to register any matings from semen stored at that facility.

Signed: Date:

Owner: Print name

OFFICE USE ONLY

Approval: Granted Denied Date:

Stud Sire ID No.:



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(5)
GREYHOUNDS

APPLICATION TO REGISTER
OVERSEAS BASED STUD SIRE
UNDER THE FSI PROGRAM

This form must be submitted by the owner or lessee of a stud sire registered in the State or Territory of Australia other than WA to Racing and Wagering Western Australia (RWAA) to register the greyhound as a sire under the FSI Program.

STUD SIRE

Note: This form is for stud sires registered under an approved frozen semen insemination program in a country other than Australia. Stud sires must have a DNA fingerprint recorded with the Victorian Institute of Animal Science prior to participating in the FSI Program.

Name:
Earbrand: Left: Right:
Facility:
Address:

I hereby agree to comply in a timely manner with the requirements of the Rules in relation to the FSI Program. I understand that RWAA accepts no liability arising from any act or omission of any person at an approved facility (FSI). I understand that the withdrawal of approved facility (FSI) status from a facility by RWAA may result in a refusal to register any matings from semen stored at that facility.

Signed: Date:
Owner: Print name

OFFICE USE ONLY

Approval: Granted Denied Date:
Stud Sire ID No.:



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(6)
GREYHOUNDS

NOTICE OF SEMEN COLLECTION
UNDER THE FSI PROGRAM

Name:
Colour: ID No.:
Registration Certificate Serial No.:
Earbrand: Left: Right:
Approved Facility:
Address:

Table with 6 columns: Date Collected, Stud Sire ID No., Facility ID Letter, Draw No., Split (letter), Approved Person (FSI)

I am an approved person (FSI). I certify that the above data is a true and accurate record of the collection of the stud listed. I believe the stud sire has been appropriately DNA fingerprinted as required by Racing and Wagering Western Australia (RWAA). I certify that I examined the greyhound room which semen was collected for freezing, and verified its identity against the details on the greyhound's registration certificate which as produced to me as required and the serial number of which is recorded above. I certify that I have the authority of the owner of the stud sire to collect semen from it.

Signed: Date:

Owner: Print name



Form F.I.(7) GREYHOUNDS

ACQUISITION OF FROZEN SEMEN REPORT

This form must be submitted by a person who acquires or receives frozen semen from another person or facility, within 14 days of such acquisition or receipt.

1. PERSON/FACILITY ACQUIRING

Name:

Address:

Telephone: Home..... Work:..... Mobile

Email:

2. CIRCUMSTANCES OF ACQUISITION OR RECEIPT

Name of facility from which semen acquired or received:

Person giving or providing the semen (state if the person is the owner and, if not, who the owner is):

Date acquired:

Method of transport:

Purpose of acquisition:
.....
.....

Table with 7 columns: Stud Sire ID No., Facility ID Letter, Stud Sire Name, Draw No., Split (Letter), Vial Labelled, Date Drawn. Contains 5 empty rows.

I certify that the above data is a true and accurate record of the acquisition or receipt of semen by me.

Signed: Date:

Owner:
Print name



Form F.I.(8)
GREYHOUNDS

RELOCATION OF FROZEN SEMEN REPORT

This form must be submitted by an agent or technician of an approved facility (FSI) which relocates frozen semen to another person or facility, within 14 days of such relocation.

1. FACILITY DETAILS

Name: Letter:

2. CIRCUMSTANCES OF SHIPPING

Name of person or facility to which semen shipped::

Date shipped:

Method of transport:

Purpose of relocation (check one):

Immediate use by (Approved Person FSI):

Immediate use by (Approved Person FSI):

Table with 4 columns: Stud Sire ID No., Facility ID Letter, Draw No., Split (Letter). Contains 5 empty rows for data entry.

I certify that the above data is a true and accurate record of the relocation of frozen semen by this facility.

Signed: Date:

Owner: Print name



Form F.I.(9)
GREYHOUNDS

DECLARATION OF OWNERSHIP

This form must be submitted by the owner/lessee of a greyhound who claims to be the owner of semen drawn for the purpose of Freezing, within 14 days of such semen being drawn:

1. FACILITY APPLICANT

Name:
Address:
Telephone: Home Work Mobile
Email:

2. FACILITY LOCATION (If not same as Section 1)

Name:
Address:
Telephone: Home Work Mobile
Email:

3. CIRCUMSTANCES OF DRAWING

Name of greyhound:
Name of approved person (FSI) who drew the semen:
Name of approved facility (FSI) where semen drawn:
Date Drawn:
Label:

I am the owner / lessee of the greyhound mentioned above. (* - Strike out whichever is not applicable).
If lessee, I have the authority of the owner to draw the semen.

I agree to comply with the Rules, and in particular, notify Racing and Wagering Western Australia (RWAA) within fourteen days should I transfer the ownership of the semen to any other person, or order the destruction of the semen or utilise the semen in any other way.

Signed: Date:

Name:
Print name



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(10)
GREYHOUNDS

TRANSFER AND ACQUISITION OF OWNERSHIP OF FROZEN SEMEN

(To be completed by registered owner.)

Racing and Wagering
Western Australia
PO Box 6
CANNINGTON WA 6987

I/We the undersigned being the present registered owner(s) of the frozen semen draw(s) identified ... , such semen having been drawn from the greyhound ... on .../.../... and presently stored at ... (Name of Approved Facility)

... (Address of Approved Facility at which semen is stored))

do hereby Authorise the transfer of such semen to the person(s) whose name(s) appear on the section below:

SIGNATURE OF APPLICANT(S) Date: ...

(This section below is to be completed by person(s) acquiring the frozen semen)

TRANSFERRED on application to:

Mr/Mrs/Miss/Syndicate: ... (First Given Names) (Surname)

Address:

Postcode: ... Telephone No.....

I/W the undersigned, agree to be bound by and comply with the Rules (which shall from time to time be made and/or amended by Racing and Wagering Western Australia (RWAA)).

In the event of such semen being relocated from current storage facility, I/We agree to notify RWAA of full details of shipment within 14 days of such shipment.

SIGNATURE OF APPLICANT(S) Date: ...



RACING AND WAGERING WESTERN AUSTRALIA

Form F.I.(11) GREYHOUNDS

Registration Fee: \$8.00

NOTICE OF SERVICE BY FROZEN SEMEN INSEMINATION (FSI)

*Racing and Wagering
Western Australia
PO Box 6
CANNINGTON WA 6987*

This is to certify that the bitch described below

Name:

Left ear brand:

Left ear brand:

Colour:

Registration Number:

Owner:

Was inseminated with frozen semen from the vial(s) described below and accompanying this notice

Stud Sire ID No.	Facility ID Letter	Stud Sire Name	Draw No	Split(s) (Letter(s))	Vial(s) Labelled	Date Drawn

By **Dr STEVEN METCALFE** being an approved person under the FSI program

At **APPLECROSS VETERINARY HOSPITAL**, 9 Sleat Road, Applecross WA 6163 being an approved facility under the FSI program (W1).

On day of 2004.

In addition, any unused splits..... from the above collection have been thawed and forwarded with this application according to the current Greyhounds Australasia Limited regulations for the FSI program.

Dr Steven Metcalfe BSc BVMS (Hons) MSc MACVSc

**THIS FORM MUST BE COMPLETED AND RETURNED TO RWAA
FOR RECORDING PURPOSES WITHIN 14 DAYS OF INSEMINATION**