**The Animal Welfare (Breeding of Dogs) (Wales) Regulations 2014**

**Name & address of premises:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **1. Risk Factors**

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| **VETERINARY HEALTH & WELFARE PLAN** |
| The following should be taken into consideration when assessing the impact of risk factors on the disease and welfare status of the dogs resident at the premises on any occasion. These factors can be ascertained either by available records for the premises or by observations made during the visit.  |
|  | **Max. no**.Delete as appropriate  | **Comments** |
| The maximum number of adult dogs proposed to reside at the premises at any one time |  |  |
| The maximum number of puppies (under 6 months age) at any one time |  |  |
| Is accommodation size compliant? | **Yes/No** |  |
| Are animals overcrowded? | **Yes/No** |  |
| What is the proposed diet for adults and puppies and is it suitable for age, breed and exercise levels of the dogs?  | **Yes/No** |  |
| Are animals or their individual facilities/utensils, mixed together e.g. shared accommodation or utensils, walked together, etc.? | **Yes/No** |  |
| Are animals stressed or overly anxious? | **Yes/No** |  |
| Are enrichment activities or equipment provided? | **Yes/No** |  |
| Is there adequate temperature and ventilation control in place? | **Yes/No** |  |
| Is there adequate shelter and shade from inclement or hot weather? | **Yes/No** |  |
| Do staff or visitors regularly visit other licensed or unlicensed premises where animals are kept? | **Yes/No** |  |
| External local and environmental factors:* Rodent/pest/ bird control
* Premises located near a waterway
* Wildlife e.g. foxes
* Disease presence in the local area e.g. leptospirosis, Alabama Rot, ticks, etc.
* High numbers of visitors/members of the public
* Areas where dogs are walked/exercised outside of the premises - consider local, environmental factors incl. urban, rural, wooded areas, etc.
 | **Add notes** |

## **2a. Biosecurity Disease Management**

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|  |  | **Comments** |
| Written measures are in place that outline actions to be taken in the event of a disease outbreak – viral, bacterial or parasitic  | **Yes/No** |  |
| There is evidence of Quarantine management of new dogs | **Yes/No** |  |
| Isolation facilities are effective and available. Suitable isolation plan and signage in use | **Yes/No** |  |
| Annual veterinary health check for all breeding bitches and stud dogs is carried out | **Yes/No** |  |
| Veterinary health check for all new breeding bitches and stud dogs is carried out | **Yes/No** |  |
| All puppies have undergone a veterinary health check prior to sale. | **Yes/No** |  |
| Details of all veterinary practices that provide clinical services to the premises or have treated incoming breeding animals, are available | **Yes/No** |  |
| A vaccination policy for adult dogs has been written and approved (provide details of vaccinations and frequency) | **Yes/No** |  |
| A vaccination policy for puppies has been written and approved(provide details of vaccinations and frequency) | **Yes/No** |  |
| An external (fleas, lice etc.) and internal (Worms etc.) parasite control policy for adult dogs has been written and approved (provide details of treatments used and frequency) | **Yes/No** |  |
| An external (fleas, lice etc.) and internal (Worms etc.) parasite control policy for puppies has been written and approved (provide details of treatments used and frequency) | **Yes/No** |  |

## **2b. Biosecurity Cleaning and Disinfection**

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|  |  | **Comments** |
| A cleaning and disinfection protocol has been written and approved | **Yes/No** |  |
| Suitable cleaning agents, disinfectants and equipment are available (detail disinfectants in use) | **Yes/No** |  |
| Hygiene guidance is in place for people e.g. operator, employee, owners, visitors  | **Yes/No** |  |
| All feeding and water bowls are washed daily | **Yes/No** |  |
| All faeces and urine are cleared from living and exercise spaces on at least a daily basis | **Yes/No** |  |
| Waste disposal conforms to legal requirements (waste carrier licence, septic tank, waste disposal contracts for solid and liquid waste) | **Yes/No** |  |

**Notes**

*Please include additional comments, including any areas that need to be addressed by the operator within a specified time period, the veterinary advice provided and operator actions required.*

Evidence of measures in place can include:

* Standard Operating Procedures (SOPs)
* Daily/weekly/monthly check sheets
* Vaccination cards signed by a vet, fully completed and includes the practice stamp
* Signed veterinary declarations on practice headed note paper with practice stamp
* Laboratory reports for test results.

**Vaccinations & Parasitic Treatments**

 Animals residing at the premises have up-to-date vaccinations and parasitic treatments administered at intervals specified by the parasite control policy and are compliant with the manufacturers datasheet.

Required vaccinations are: Parvovirus, Distemper, Adenovirus/Infectious Canine Hepatitis (ICH), Leptospirosis. Additional vaccinations may be advised as mandatory or advisory in the comment section. In the absence of an annual vaccination, satisfactory titre certs are provided by the animal’s vet.

For animals which are exempt from annual vaccination due to medical reasons such as adverse reactions, a signed veterinary certificate must be available

**3. Additional Information**

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|  |  | **Comments** |
| Enhancement and Enrichment Plan (Schedule 1) completed and signed off | **Yes/No** |  |
| Puppy Socialisation Plan (Schedule 2) completed and signed off | **Yes/No** |  |

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| **Additional Notes:** |
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| **Name of veterinary Surgeon**Please print |  | **Date** **Signed**: |  | *Practice stamp* |
| **RCVS Number:** |  | **Valid From:** |  |
| **Signature**  |  | **Valid To:** |  |

Compile a list of each dog at the premises, including working dogs, pets and retired dogs. For neutered dogs use the Physical Fitness to breed column to note the date of neutering:

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| **Date of examination** |  | **Number of breeding bitches** |  |
| **Breeders licence number** |  | **Number of stud dogs** |  |

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| **DOGS AT PREMISES** |
| Animal Name and Microchip Number | Sex | DOB | Breed and description | BCS & Weight | Vaccination date | Historic health issues | PhysicalFitness toBreed | MentalFitness toBreed | Comment |
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