

## Information about your plans to breed your male:

Your name: \_\_\_\_\_ Your pet's name: \_\_\_\_\_  
Co-owners names: \_\_\_\_\_ Your pet's registered name: \_\_\_\_\_  
Registration # \_\_\_\_\_ DNA completed Y/N \_\_\_\_\_  
Do you have an appointment scheduled? Yes/No Do you want an appointment? Yes/No  
What are your preferred appointment dates? Monday/Tuesday/Wednesday/Thursday/Friday/Saturday  
What are your preferred appointment times? Early AM/Late AM/ Noon hour/ Early PM/ Late PM  
Best way to reach you? Phone (list times available and numbers) \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (work) E mail \_\_\_\_\_  
Have we seen you as a client before? Yes/No Have we seen this pet before? Yes/ No When? \_\_\_\_\_  
Pet Information: Age: \_\_\_\_\_ weeks/months/years or Date of Birth \_\_\_\_\_  
Dog/Cat Breed: \_\_\_\_\_ Sex: Male/Neutered/Female/Spayed

## Breeding Plan:

Date this cycle began: \_\_\_\_\_ Is AI being done at our clinic? Y/N  
Type of insemination planned: Natural /Vaginal # \_\_\_\_\_ / TCI # \_\_\_\_\_ / Surgical  
Type of semen planning to use: Fresh/Fresh Chilled/ Frozen  
Date of last Brucella test \_\_\_\_\_ Test run – RSAT/Culture Vaginal culture? \_\_\_\_\_  
Name of Owner/Stud dog/Bitch to be bred to \_\_\_\_\_  
Location of bitch's Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
Shipping plan: FedEx/UPS/Post office/other  
SHIPPING BOX PROVIDED BY Shipping Veterinarian/Recipient

## History:

MALE: First breeding/Date previously bred on \_\_\_\_\_ Natural/ AI/ TCI/ Surgical  
Outcome \_\_\_\_\_  
Timing: None/Male/Vaginal cytology /Progesterone \_\_\_\_\_  
Evaluated on palpation/ultrasound/x-ray Semen analysis results: \_\_\_\_\_  
Has your pet been thyroid tested: Yes/ No Results? \_\_\_\_\_ Date \_\_\_\_\_  
Other previous diagnostics or treatments? \_\_\_\_\_  
Lifestyle: Indoor/ Outdoor Companion dog/ Performance dog/ Breeding dog/ Service dog  
Describe his or her housing and lifestyle: \_\_\_\_\_

Does your pet have any allergies to food, vaccines, or medications? No/ Yes  
If yes, please describe: \_\_\_\_\_  
Does your pet travel? In state? Out of state? Board? Dog events? Location: \_\_\_\_\_  
Describe your pet's normal diet including treats and table food \_\_\_\_\_

\_\_\_\_\_  
List of supplements given: \_\_\_\_\_  
\_\_\_\_\_

# Veterinary Village LLC and International Canine Semen Bank - WI

What medications have you given your pet in the past month? Please include over-the-counter medications as well as heartworm preventive and flea/tick control products.

\_\_\_\_\_

*WORMING HISTORY:* Y/N product and dates: \_\_\_\_\_

*VACCINATION HISTORY:* Current/None/due for DHLPP on \_\_\_\_\_/RABIES due on \_\_\_\_\_

Has she had her health screenings done: OFA/ CERF / Other \_\_\_\_\_

Is there testing or x-rays from a previous illness or injury? Yes/ No \_\_\_\_\_

Is your pet current on vaccinations and worming/fecal examinations? Yes/No \_\_\_\_\_

Do you have pet health insurance? No/ Yes Name of provider? \_\_\_\_\_

Does your pet need any testing done or medications refilled?

\_\_\_\_\_

May we request records from your previous veterinarian? Yes/ No \_\_\_\_\_

Name of your previous veterinarian? \_\_\_\_\_ Phone? \_\_\_\_\_

Do you want a referral letter sent to your local veterinarian? Yes/ No Name: \_\_\_\_\_

## Symptoms:

Do you have any concerns about your pet's health? No/Yes IF yes, please review below:

Describe your pet's overall health: \_\_\_\_\_

When was your pet last normal? \_\_\_\_\_

What symptoms have you noticed? \_\_\_\_\_

What symptoms did you notice first? And how long ago? \_\_\_\_\_

Are the symptoms getting better/ worse/ staying the same?

Has your pet been treated for this condition in the past? Describe medications and responses:

\_\_\_\_\_

Is your pet acting normally? Yes/No If no, please describe: \_\_\_\_\_

Is your pet drinking normally? Yes/ No If no, please describe: \_\_\_\_\_

Is your pet eating normally? Yes/ No If no, please describe: \_\_\_\_\_

Is your pet urinating normally? Yes/ No If no, please describe: \_\_\_\_\_

Is your pet vomiting? Yes/ No If yes, please describe: \_\_\_\_\_

Is your pet having normal stools? Yes/ No If no, please describe: \_\_\_\_\_

Has your pet's weight increased/ decreased/ stayed the same?

Is your pet's breathing normally? Yes/ No If no, please describe: \_\_\_\_\_

Are the eyes normal? Yes/ No If no, please describe: \_\_\_\_\_

Are the ears normal? Yes/No If no, please describe: \_\_\_\_\_

What medications have you used? \_\_\_\_\_

Is the skin normal? Yes/ No If no, please describe: \_\_\_\_\_

Are there any lumps? Yes/ No Where are the sores, hair loss, or lumps? \_\_\_\_\_

Are there any abnormalities with the legs, neck or back? Yes/ No If yes, please describe: \_\_\_\_\_

Do you have any behavior concerns? Yes/No : Please describe \_\_\_\_\_

Are the reproductive organs normal? Yes/ No

If spayed or neutered, age done? \_\_\_\_\_

If not spayed, when was her last heat? \_\_\_\_\_

Plans to breed: \_\_\_\_\_

Are there observations or concerns we did not include in the questions above?

Client ID \_\_\_\_\_ Date \_\_\_\_\_ Staff initials \_\_\_\_\_ Dr. \_\_\_\_\_