

# Veterinary Village Breeding Plan Worksheet:

Date \_\_\_\_\_

Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Age \_\_\_\_\_

Phone numbers: (circle preferred#) \_\_\_\_\_ (home)(times) \_\_\_\_\_  
 \_\_\_\_\_ (work)(times) \_\_\_\_\_ (cell)(times) \_\_\_\_\_

E mail contact: \_\_\_\_\_ Alternative contacts: \_\_\_\_\_

Date of progesterone	Time Drawn	Result ng/dl	Result ng/dl	Owner notified of results / initials	Laboratory / Accession Number if from referring vet	Date to sample again	Comments
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						
	AM/PM						

Location of Semen/Stud Dog: \_\_\_\_\_

Type of insemination planned: Natural /Vaginal # \_\_\_\_\_ / TCI # \_\_\_\_\_ / Surgical

Type of semen planning to use: Fresh/Fresh Chilled/ Frozen

Pre-surgical blood drawn on \_\_\_\_\_ / run at \_\_\_\_\_ / completed on \_\_\_\_\_ / Invoiced Y/N

Results WNL/Abnormal findings \_\_\_\_\_ OK to breed: Y/N

Date cycle started: \_\_\_\_\_ Ovulation Estimated: \_\_\_\_\_ AM/ PM

OK to breed? Y/N Plan to breed 24/48/72 hours after ovulation.

Breeding date(s) and time planned: \_\_\_\_\_ AM/PM/ Time Set/ Owner notified

Whelping date predicted \_\_\_\_\_ C-section planned? Y/N Date \_\_\_\_\_

Vaginal cytology done on (date) \_\_\_\_\_ Results: \_\_\_\_\_

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Client's ID Number \_\_\_\_\_

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