

OWNER NAME: _____ Patient Name: _____



Pre-Breeding Questionnaire - Bitch

Heat Cycles

Date of last Heat Cycle: _____ If currently in heat, what day did it start: _____

Describe her heat cycles: NORMAL or ABNORMAL

Breeding History

Has she been bred before? YES or NO Any failed breeding's? _____ If so, how many? _____

How many pregnancies? _____ How many litters has she had? _____ Any miscarriages? _____

Any complications with pregnancy or labor? _____

Breeding Plans

What are your current breeding plans? _____

What type of insemination (natural/Mavic AI/TCl/Pipette)? _____

Source of semen (natural/side-by-side/shipped semen): _____

Are you interested in a comprehensive semen evaluation for the stud? YES or NO

What pre-breeding testing have you performed?

(Please list test dates and results)

Blood work: _____ Radiographs: _____

Certifications: _____ Fecal Testing: _____

Date of last Brucellosis Test: _____ Other: _____

Past Health Concerns:

Current Health Concerns:

List current medications and supplements (including flea/tick/heartworm prevention and deworming)

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