

OWNER NAME: _____ Patient Name: _____



Pre-Breeding Questionnaire- Stud

Breeding History

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

How many litters has he produced? _____ Date of most recent litter: _____

Breeding Plans

What are your current breeding plans? _____

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

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

What pre-breeding testing have you preformed?

(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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