



**Pewee Valley Veterinary Center
 ICSB- Kentucky
 Progesterone Timing and Insemination Information**

Date: _____

Owner/Breeder

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Female

Registered Name: _____ Call Name: _____

Breed: _____ AKC/other Reg: # _____ Approx Day of Cycle: _____

Have you or your dog(s) been exposed to other dogs within the last 7 days (check all that apply)

- Dog shows Boarding facility Grooming facility Dog parks Other _____ None

Breeding Services: Performed at:

- | | | |
|---|-------------------------------|---|
| <input type="checkbox"/> Progesterone test(s) | <input type="checkbox"/> PVVC | <input type="checkbox"/> Another facility (must report all results to PVVC) |
| <input type="checkbox"/> Brucellosis test | <input type="checkbox"/> PVVC | <input type="checkbox"/> Current Negative result within last 6 months (required for boarding) |
| <input type="checkbox"/> Boarding | <input type="checkbox"/> PVVC | <input type="checkbox"/> Not needed |
| <input type="checkbox"/> Insemination | <input type="checkbox"/> PVVC | <input type="checkbox"/> Another Facility <input type="checkbox"/> At Own Facility |

Type of Breeding:

Type of Semen to be used:

- | | |
|--|--|
| <input type="checkbox"/> Natural Breeding (own facility) | <input type="checkbox"/> Fresh |
| <input type="checkbox"/> Artificial Insemination (rod) | <input type="checkbox"/> Fresh Chilled Shipping from _____ |
| <input type="checkbox"/> Transcervical Insemination | <input type="checkbox"/> Frozen: <input type="checkbox"/> Stored at PVVC (Semen Release form required) |
| <input type="checkbox"/> Surgical Implant | <input type="checkbox"/> Shipping from _____ |

Request of multiple breedings or special circumstances (detail): _____

Male/Semen (Semen Release form will be required):

Owner Name: _____ Phone: _____

Co-Owner Name(s): _____ Phone: _____

Registered Name: _____ Call Name: _____

Breed: _____ AKC/ or other Reg: # _____

I hereby certify that all of the above information is correct to the best of my knowledge and authorize the doctors and staff to perform the above procedures indicated.

Owner Signature: _____ Date: _____

***** For Office Use Only *****

Date										
P4										

Date/Notes: _____