

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

Owner Name: _____ Phone: # _____
Address: _____ City: _____ State: _____ Zip: _____
Registered Name of Bitch: _____ Breed: _____
AKC/ or other Reg: # _____ Call Name: _____
Approximate Day of Season: _____ Date: _____

Have you or your dog(s) been exposed to other dogs such as at dog shows, grooming facility, dog parks, etc within the last 7 days? _____ Yes _____ No
If Yes please explain _____

Will the insemination be performed at our facility? YES NO

Will female/male be left at our facility for boarding? YES NO (If YES, Complete Boarding Forms)

Has a Brucellosis Test been ran for this dog in the past 6 months? YES NO

If YES, Where: _____ Results: _____ Date: _____

If NO, Do you want a Brucellosis Test ran today? YES NO (If NO, please sign indicating you are declining this test against our recommendations: Signature _____: Required for dogs being boarded at our facility)

What type of breeding are you planning to do? Please circle what type of semen is going to be used.

Natural _____

Artificial Insemination _____ Fresh or Fresh Chilled ONE or TWO

Transcervical Insemination _____ Fresh or Fresh Chilled or Frozen ONE or TWO

Surgical Implant _____ Fresh or Fresh Chilled or Frozen

Owner of Stud: _____ Phone: # _____

Registered Name: _____ Call Name: _____

Semen Released: Yes/No Who approved: _____ Date: _____

Is the semen stored here? YES/NO

• **Please List ALL Current Co-Owners of Stud dog:**

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

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

I hereby authorize that all of the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

