



Brittmoore Animal Hospital
 1236 Brittmoore Rd.
 Houston, TX 77043
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 repro.bah@gmail.com

OVULATION TIMING

Please print:

Acct# _____

Date: _____

Client's Name: _____

Phone Number # _____ **(Where you can be reached)**

Reg. Name of BITCH: _____

Call Name: _____

Reg. # _____ **Breed:** _____

Approximately what day of her season is this? _____

Date season started: _____

Is she on Heartworm Prevention? **Y** **N** What is the brand? _____

Current Diet: _____

Reg. Name of STUD: _____

Call Name: _____

Reg. # _____ **Breed:** _____

What type of breeding are you planning to do?

____ Natural ____ Vaginal Artificial Insemination ____ Transcervical Insemination ____ Surgical Insemination

******* Please note TCI breeding's will not be performed on Sundays *******

Is the AI being done at our hospital? ____ YES ____ NO

If not, where will it be done? _____

What type of semen is being used?

____ Fresh Semen (Dog will be present for Collection)

____ Chilled Semen - Where is it being shipped from? _____

____ Frozen Semen Stored at Brittmoore

____ Frozen Semen Shipped from another vet **(Please enter shippers' information below)**

Shipper's Name: _____

Phone # _____

Stud Name (Call Name) _____

Semen/Stud Owner's Name _____

For Office use:

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

Breeding Dates: _____ **Pregnant?** ____ YES ____ NO

Ultrasound Date: _____ **X-Ray Date:** _____

Due Date: _____ **C Section Date:** _____