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SLADE VETERINARY HOSPITAL PLANNED BREEDING FORM

Please complete this form prior to your visit. You may bring this form to the pre-breed appointment or email the completed form to sladevetrepro@gmail.com.

BITCH OWNER INFORMATION

Owner name _____
Address _____
Telephone _____ Email _____

For bitches with multiple owners, please list the primary contact person authorized to make all breeding-related decisions, understanding that this is the ONLY person who will be contacted by our staff in an effort to streamline all decisions and avoid any miscommunications.

BITCH INFORMATION

Bitch call name _____
Registration number _____ Brucellosis test date (if available) _____

Current diet _____

List any medications or supplements, including preventatives _____

Any general medical concerns? _____

Please bring a copy of current rabies vaccination, pertinent labwork, and any registration paperwork to the appointment. Please note that a baseline CBC and Chemistry are required for any procedure(s) involving sedation/anesthesia for the safety of your bitch.

REPRODUCTIVE HISTORY AND PLAN

Previously bred? yes no

If yes, please provide any reproductive history below, or at the time of your pre-breed appointment.

Any reproductive medical concerns? _____

First date in season _____ Number of breedings planned _____

Type of breeding planned natural service

Type of semen being used fresh

Please select a second or backup method, if desired -

Type of breeding planned natural service

Type of semen being used fresh

Will you be performing part of the ovulation timing elsewhere? yes

no

If yes, please list the following –

Veterinarian name _____

Veterinarian address _____

Veterinarian telephone _____ Email _____

STUD DOG INFORMATION

Owner name _____

Telephone _____ Email _____

Stud call name _____

Registration number _____ Brucellosis test date (if available) _____

Dual sire breeding? yes

no

If yes, please bring all relevant information to your pre-breed appointment.

*Please note that Slade Veterinary Hospital requires all **studs and bitches** to have a negative brucellosis test (*Brucella canis*)/certificate valid within 90 days prior to breeding. If this has not been performed by your primary veterinarian, this will be done at our hospital.*

Additional information: _____

I authorize Slade Veterinary Hospital, Inc. to release reproductive information of the above described bitch, including breeding and ovulation timing results, to the stud dog owner and the veterinarian(s) as listed above. yes no

Signature _____ Date _____