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Breeding Questionnaire

Date: _____

Name: _____

Address: _____

Phone: _____ **Cell:** _____ **Email:** _____

Animal Information:

Pets Name: _____ **Breed:** _____ **Canine/Feline DOB:** _____

Has your pet been breed before? _____ **Has she ever failed to conceive ?** _____ **Has your female had any complications whelping/queening?** _____ **Has your female previously had a C-section?** _____

When was her previous heat cycle? _____ **What day did this heat cycle begin?** _____

What type of breeding are you planning: **Live Cover** OR **Artificial Insemination**

What form of semen will you be using? **Fresh Collected here** **Fresh Chilled shipped** **Frozen**

Does the semen need to be shipped _____ **Where is the semen coming from?** _____

Vaginal Artificial Insemination **Surgical Artificial Insemination**

Please provide your pet's record of Rabies and other Vaccinations: _____ **Is a Brucella test needed** _____

What medications is your pet on? **In contact with Carolyn, Repro tech 941-350-4397**

All Progesterone testing must have an initial exam with a doctor and be timed accordingly for emergency services. This exam allows us to have a breeding plan and client patient/Dr relationship. If timing is urgent we can do the exam after the first progesterone prior to second.

Do you anticipate needing emergency services for a Cesarean Section? Advance notice and pre-payment of non-refundable on-call fee is required for all on-call services.

***Payment is expected in full at the time of service. *Estimates are available upon request.**

Signature of owner: _____