

Brittmoore Animal Hospital, Inc.

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OVULATION TIMING

Please print:

Date: _____

(Where you can be reached)

Client's Name: _____ Phone# _____ Phone# _____

Reg. Name of BITCH: _____ Call Name: _____

Reg. # _____ Breed: _____

Approximately what day of her season is this? _____

Date season started: _____

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

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 @ Brittmoore ____

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

Shipper's Name: _____ (If shipped)

Phone # _____

Stud Name _____

Semen/Stud Owner's Name _____

For Office use:

Date: _____ Progesterone: _____

Date: _____ Progesterone: _____

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:** _____