



334 Concord Street  
Framingham, MA 01702  
**Phone:** 508-875-7086  
**Fax:** 508-872-4263

### **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](mailto: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 \_\_\_\_\_