



Renee Lara, DVM

Alex Pruett, DVM

Cristina Ramirez, DVM

### OVULATION TIMING

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Registered Name of

Bitch \_\_\_\_\_ Registration

Number: \_\_\_\_\_

Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Approximately what day of her season is this? \_\_\_\_\_ Date: \_\_\_\_\_

What type of breeding are you planning to do?

Natural \_\_\_\_\_ Vaginal Insemination \_\_\_\_\_ Surgical Insemination \_\_\_\_\_ TCI \_\_\_\_\_

Is the AI being done at Kingdom Animal Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, where will it be done? \_\_\_\_\_

What type of semen is being used?

Fresh (stud will be present for collection) \_\_\_\_\_ Fresh Chilled \_\_\_\_\_

Frozen \_\_\_\_\_ If frozen, select one: Stored at KAH \_\_\_\_\_ Shipped from another Vet \_\_\_\_\_

Name of Stud \_\_\_\_\_ Owner's Name \_\_\_\_\_

For Office Use:

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Progesterone Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Breeding date(s): \_\_\_\_\_