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Breeding Questionnaire

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____ Wk: _____ 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: _____