



Sachse Veterinary Hospital

International Canine Semen Bank- Texas

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Breeding Questionnaire

1. **Do you plan on using Sachse's reproductive service's to breed your female?** _____
If not, where will it be done? _____
2. **What type of breeding is planned?**
____ Natural ____ Vaginal Artificial Insemination ____ Transcervical Insemination ____ Surgical Insemination
3. **When was the female's last heat cycle?** _____
4. **What day of the heat cycle is the female on?** _____
5. **Are there any known health or medical issues with either the female or male?**

6. **Name of Stud:** _____
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 at Sachse ____
Frozen Semen from another vet ____ Please enter shippers information below
Shippers Name: _____
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: _____

Pregnancy Test: _____

Ultrasound Date: _____

X-Ray Date: _____

Due Date: _____

C-Sections Date: _____