

**North Oatlands Animal Hospital & Reproduction Center**

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**PROGESTERONE TIMING FORM**

**Please note that there will be one office visit charge assessed at the beginning of each breeding cycle.**

Date \_\_\_\_\_

Client's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Registered Name of Bitch \_\_\_\_\_

Reg. Number \_\_\_\_\_

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

Breed \_\_\_\_\_

Approximately what day of her season is today? \_\_\_\_\_

How many previous litters has she whelped? \_\_\_\_\_ Approximate Date(s) \_\_\_\_\_

Any history of reproductive problems? (If yes, explain) \_\_\_\_\_

What type of breeding are you planning to do?

\_\_\_\_ Natural    \_\_\_\_ Vaginal Artificial Insemination    \_\_\_\_ Transcervical Insemination    \_\_\_\_ Surgical Uterine Implant

Is/are the Breeding(s) being done at NOAH?    \_\_\_\_ Yes    \_\_\_\_ No

What type of semen is being used?

\_\_\_\_ Fresh (dog will be present for collection)    \_\_\_\_ Chilled    \_\_\_\_ Frozen

\_\_\_\_ Stored at NOAH facility

\_\_\_\_ Shipped from another facility    Name of Shipping Facility/Phone #: \_\_\_\_\_

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**FOR OFFICE USE:**

Date: \_\_\_\_\_ Progesterone: \_\_\_\_\_ Smear: \_\_\_\_\_ Test Run By: \_\_\_\_\_

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Date: \_\_\_\_\_ Progesterone: \_\_\_\_\_ Smear: \_\_\_\_\_ Test Run By: \_\_\_\_\_

Breeding date(s): \_\_\_\_\_ Ultrasound date: \_\_\_\_\_ X-Ray date: \_\_\_\_\_

Results: \_\_\_\_\_

Whelp Date: \_\_\_\_\_ Caesarean: \_\_\_\_ Yes \_\_\_\_ No

Litter Size: \_\_\_\_\_

Comments/Observations: \_\_\_\_\_