

Kingdom Animal Hospital

824 E Villa Maria

Bryan, TX 77802

979-823-5495

Dr. Renee Lara

Dr. Alexandra Pruett

OVULATION TIMING

Please print:

Client's Name _____

Phone _____

Reg Name of Bitch _____

Reg 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 @ KAH _____ Shipped from another vet _____

Name of Stud _____ Owner's Name _____

For Office Use:

Date:

Progesterone Results:

Breeding date(s) _____

Ultrasound date _____

X-Ray date _____

Whelp date _____

Result _____

Result _____

C-Section: Yes _____ No _____