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Canine Breeding Plan

Today's Date:

Bitch Information	Name:	Age:
Owner name:		Handler name:
prior breeding attempts:(please list dates)		
# of previous litters: (please list dates & # of pups):		
Date of most recent thyroid test:		Where tested:
Date of most recent Brucellosis test:		Where tested/results: _____/
Information on most recent heat:		
Stud/Semen Information	Name:	Age: (NL=not living)
Owner name:		Stud location:
Date of most recent Brucellosis test:		Where tested/results: _____/
Type of Semen: (please circle) Fresh Collected Shipped Chilled Frozen		
Semen/Collection Location:		
Information on arrangements with owner (If you are not the owner):		
Breeding Information		
Type of Breeding Planned (please circle):		
<input type="checkbox"/> Natural <input type="checkbox"/> Live Insemination <input type="checkbox"/> Transcervical Insemination <input type="checkbox"/> Surgical Insemination		
Location Breeding will take place:		
Other Important Information:		

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