

# PRE-INSEMINATION INFORMATION

If you could please return this form to "Glenbred" when your bitch comes into heat so that we can set up a file for your bitch in preparation for your visit. Thank you.

## **BITCH OWNER:**

Name:	
Address:	
Phone/fax:	

## **BITCH DETAILS**

Bitch Name:	
Kennel Club Name:	
Registration Number:	
Breed and colour:	
DOB:	

## **BREEDING HISTORY**

Is your bitch a maiden?			
Dates of Previous Heats:			
Number of Previous Litters:			
Size of Litters:			
Dates of Previous Failed Breedings:			
Hormonal or Long Term Medication:	Yes/No	Any other medication?	

## **STUD DOG OWNER or OWNER OF FROZEN SEMEN**

Name:	
Address:	
Phone/fax:	

## **STUD DOG DETAILS**

Dog Name:	
Kennel Club Name:	
Registration Number:	
Breed and Colour:	
DOB:	
Fresh, chilled or frozen semen?:	

## **FROZEN SEMEN DETAILS:**

Straw or Vial ID:	
Date Frozen:	
No. of Straws Required per AI:	
Location of Straws/Vials if not stored at Glenbred:	
Post Thaw Motility:(if known)	

Semen Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

(Approval for release of semen)