



North Oatlands Animal Hospital

19275 James Monroe Highway, Leesburg Virginia 20175

Phone: (703)777-7781 Fax: (703)777-2758

www.noahvets.com



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 the AI 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 #: _____

FOR OFFICE USE:

Date: _____

Progesterone: _____

Smear: _____

Date: _____

Progesterone: _____

Smear: _____

Date: _____

Progesterone: _____

Smear: _____

Date: _____

Progesterone: _____

Smear: _____

Date: _____

Progesterone: _____

Smear: _____

Breeding date(s): _____ Ultrasound date: _____ X-Ray date: _____

Results: _____

Whelp Date: _____ Caesarean: _____ Yes _____ No

Litter Size: _____