



North Oatlands Animal Hospital

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www.noahvets.com



Chilled Semen Evaluation for Insemination

FedEx Tracking Number _____

Date of Semen Collection: _____

Owner of Dog: _____

Breed: _____

Name of Dog: _____

AKC Registration Number: _____

Owner of Bitch: _____

Name of Bitch: _____

Inseminating Veterinarian: _____

Address (where semen will be shipped): _____

Street

City

State

Zip

Inseminating Veterinarian Phone Number: _____

Insemination Method: **Vaginal AI** ___ **Transcervical AI** ___ **Surgical AI** ___

Office Use:

Semen Evaluation

Color _____ Concentration _____ x 10⁶/ml

Volume _____ ml Total sperm/ejaculate _____

Total Motility _____% Progressive Motility _____ Speed 1 2 3 4 5

Semen Packaging

Extender _____ Centrifuged Semen Yes/No

Volume extender added _____ ml Total volume shipped _____ ml

Motility of extended semen _____% Motility pre-insemination _____%

Processor _____

Please contact North Oatlands Animal Hospital if you have any questions or problems with the shipment.

North Oatlands Animal Hospital, PC