OWNER NAME:_____ Patient Name:_____

Private Roots Veterinary
Your Forever Vet

Pre-Breeding Questionnaire- Stud

Breeding History
Has he been bred before? ☐ YES or ☐ NO Any failed breeding's? _____ If so, how many? _____

How many litters has he produced? _____ Date of most recent litter: _____

Breeding Plans
What are your current breeding plans? _____

What type of insemination (natural/Mavic AI/TCI/Pipette)? _____

Are you interested in a comprehensive semen evaluation for the stud? ☐ YES or ☐ NO

What pre-breeding testing have you preformed?
(Please list test dates and results)

Blood work: _____ Radiographs: _____

Certifications: _____ Fecal Testing: _____

Date of last Brucellosis Test:_____ Other: _____

Past Health Concerns:

_____

Current Health Concerns:

_____

List current medications and supplements (including flea/tick/heartworm prevention and deworming)

_____ _____

_____ _____

_____ _____

_____ _____

OWNER NAME:_____ Patient Name:_____