



Animal Hospital of Statesville  
181 Mocksville Hwy, Statesville, NC 28625  
(704)-802-1280

At the Animal Hospital of Statesville, we strive to help you, the breeder, protect the health of your breeding animals and produce the healthiest puppies possible. As such, we require the following to provide reproductive services:

- 1) A routine annual examination with your primary veterinarian within the last 12 months
- 2) Current Rabies vaccination (certificate required)
- 3) Heartworm/tick-borne disease 4DX test within the previous 12 months; recommended to be within the last 6 months
- 4) Distemper/Parvovirus vaccination (within 3 years) or titer (within 1 year). This vaccine should not be administered within 30 days of breeding.
- 5) Brucellosis test within 6 months

Please bring proof of vaccines and required tests to your first appointment. The brucellosis test can be performed at the Animal Hospital of Statesville if needed.

Rabies vaccination is legally required by the State of North Carolina and may be administered at the start of the bitch's heat cycle if necessary. Distemper/Parvovirus is a modified-live vaccine and should not be given during the heat cycle or pregnancy. Current vaccination or positive titers for distemper and parvovirus will allow the bitch to produce effective colostrum and provide passive immunity to her puppies. Please ensure this is up to date at least 30 days prior to breeding.

Heartworm infection is a serious, potentially deadly condition and can cause significant complications to pregnancy. Tick-borne diseases are an emerging concern as a possible cause of infertility in dogs. For these reasons, we require that your breeding animals be tested (and treated if indicated) prior to breeding.

Brucellosis is a disease that causes abortion and infertility in dogs and humans. It is spread through natural breeding, artificial insemination, and contact with urine, saliva, and other bodily fluids from an infected dog. It is recommended to test bitches prior to each breeding and stud dogs every 6 months or prior to each breeding.

Please complete the form and return to our office.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Breeding Management Record

### Client Information:

Client Name:

Phone Number:

Email Address:

Preferred Method for Communicating Progesterone Results:  Email  Phone

***For the safety of your bitch and her puppies, we need a current annual exam, current vaccine history (DHPP & Rabies), a current heartworm 4DX test, and a current Brucellosis test before beginning the breeding process.***

### Patient Information:

Patient Call Name:

4DX Snap Test Last Performed:

Date of Last Annual Exam:

Date of Last Brucellosis:

DHPP Last Administered/Titers Run:

Rabies Last Administered:

### Stud Information:

Stud Owner Name:

Clinic:

Phone Number:

Clinic Phone Number:

Stud Name:

Collecting Veterinarian Name:

### **Breeding Plan:**

#### What type of breeding are you planning?

Natural  Vaginal Artificial Insemination (AI)  Transcervical AI

If artificial insemination, how many inseminations are you planning? \_\_\_\_\_

#### What type of semen is being used?

Fresh (stud dog will be present for this procedure)  Fresh Chilled  Frozen

### **Whelping Plan:**

***Pregnancy confirmation by ultrasound by day 42 is required for planned C-sections at the Animal Hospital of Statesville***

#### What is your whelping plan?

Natural  C-Section at AHS  C-Section at another location

*Hospital Use Only:*

Date of Ovulation:

Ultrasound Date:

Radiograph Date:

Breeding Date(s):

Deworming Date and Contact Date:

Due Date:

Reproductive date email sent  
surgery schedule

6-week confirmation listed on schedule

Put on