



105 East Alfred St.
Lake Alfred, FL. 33850
863-956-5700

Breeding Information Form



Johnna Knox
Reproduction Manager
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Contact Information

Owner Name: _____
Phone number: _____

Patient Information

Patient Name: _____

Registered Name (If applicable):

Breed: _____

Date of birth: _____

First day of this heat cycle: _____

How many previous litters has she whelped?
Include Approximate Date(s):

Any previous C-sections? YES NO

Any history of reproductive problems? YES NO

If yes, explain: _____

BREEDING REQUIREMENTS:

- Must be at least 18 months of age and under 7 years of age (Proof of age must be provided)
- There will be one pre-breeding exam required at your first appointment to ensure your pet is in good physical health prior to being bred.
- Proof of previous vaccinations (Da2pp & Rabies) GIVEN BY A LICENSED VETERINARIAN.
- An up-to-date Rabies vaccine, up-to-date DA2PP GIVEN BY A LICENSED VETERINARIAN.
- A negative Heartworm Test within 6 months.
- We will only assist in same breed breeding's.

BOARD FOR BREEDING REQUIREMENTS: (In addition to Breeding Requirements)

- Board for breeding dogs (male or female) with previous vaccine history that IS NOT current, must have vaccines updated AT LEAST 3-4 weeks prior to boarding.
- DA2PP, Bordetella and Rabies are required for boarding.

Please note: We can update vaccines at the time of your breeding exam, if needed. However, *previous vaccine history* is still required and must have been administered at least 1 week prior to Breeding Exam.
A Breeding Exam is required at each cycle you plan to breed.

WE DO NOT ACCEPT VACCINATIONS GIVEN AT HOME/BY OWNERS

BREEDING PLAN

I would like a Brucellosis Test performed during the Breeding Exam: YES NO

*Brucellosis is a venereal disease that can be contracted sexually or orally and can cause abortions, still births, and/or infertility.
Brucellosis Testing is highly recommended prior to every breeding.*

Breeding Method (Please select below) :

- Natural
- Surgical Uterine Implant
- Vaginal Artificial Insemination (circle one): ONE TWO

Type of semen being used (Please select below) :

- Fresh (Stud will be present for collection)
- Chilled
- Frozen
- Is the Frozen semen stored here at ICSB Florida? YES NO

Will the Breeding(s) take place at LAAH? YES NO

Are you planning a c-section for this breeding? YES NO

Stud Information

Stud's Name: _____

Breed: _____

Approximate Age: _____

Date of last Physical Exam: _____



If the semen is being shipped from another facility,
complete the section below:

Name of Shipping Facility: _____

Shipping Facility Phone Number: _____

Owner Signature _____

Date _____