ABN 65 962 420 528
39A Alex Wood Drive, Forrestdale WA 6112
Phone: (08) 9399 5544

Canine Breeding Examination

Requested Service:	**Examining Veterinarian:**
☐ Semen Freezing ☐ Semen Analysis ☐ TCI – Trans cervical Insemination ☐ VAI - Standing Artificial Insemination ☐ SXAI – Uterine Insemination ☐ Progesterone testing	Practice: Telephone: Email: Or Stamp

Client details:	**Patient Details:**
First Name: Surname: Address: Suburb: Postcode: Phone: Mobile: Email:	Patient Name: Registered Name: Microchip: Breed: Age Weight: BCS:

Examination Date: _____

Examination:
☐ Temperament: free of aggression or other behavioural disorders deemed unsuitable for breeding
☐ Ears: free of disease processes particularly atopy
☐ Nares normal not narrowed
☐ Eyes: free of entropian, disticiasis, cateracts or examination certificate attached.
☐ Mouth: ☐ scissor bite ☐ undershot ☐ overshot all teeth present or justification for missing teeth.
☐ Heart: free of murmur and pulse deficits
☐ Lung Sounds normal character and respiratory effort
☐ Integument free of any evidence of allergy, alopecia or justification for any skin lesions.
☐ Urogenital ♀ normal vulva ♂ 2 descended testicles

Screening tests Performed:
☐ Hip and Elbow Scoring
☐ PennHIP
☐ Baercom Hearing test (white coats of any breed susceptible to deafness)
☐ DNA testing
☐ Back Screening Radiograph Scoring (daschunds and bulldogs)
☐ Ultrasound screening (heart and kidney disease)
☐ Specialist Eye Examination
☐ Other describe

Relevant testing results: ☐ Attached ☐ Owner will bring to clinic

History:

Any relevant history to suggest unsuitable for breeding or justifications

Medications:

Any current Medications please list