



International Canine Semen Bank New Hampshire & Southern Maine
Broadview Animal Hospital
134 Ten Rod Rd. Rochester, NH. 03867
Telephone: (603) 335-2120
E-mail: caninerepro@broadviewvet.com

New Patient Form (Bitch)

Owner: _____

Co-Owner (if applicable): _____

Address: _____

Home Phone: (____) _____ Cell phone: (____) _____

Email: _____

Registered name: _____

Breed: _____

Bitch's call name: _____ Birth date: _____ Color: _____

Microchip #: _____ DNA #: _____

Registry: _____ Registration #: _____

Date of last Brucellosis test: _____ (Recommended every 6 months)

Dates of last pre-breeding testing:

OFA Hips_____ Elbows_____ Heart_____ Thyroid _____

Date of last Penn Hip: _____

Date of last Eye CERF: _____

Has this female been bred before? Y/N Age at first breeding_____

of litters produced? _____ Date of last heat cycle: _____

Total # of attempted breedings: _____

Has she had any abnormal cycles or difficulties with whelping? Y/N

Explain: _____

Vaccination status: please provide the name and phone of the clinic providing vaccines and routine health care: _____

Contact # (____) _____

***As required by law, and for the safety of our staff, we require all admitted dogs be current on rabies vaccination.*

Date of last Rabies vaccine _____

Is this dog on heartworm preventative? Y/N Brand: _____

Please list all medications and supplements, including parasite/flea/tick control:

