



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 (Stud)

Owner: \_\_\_\_\_

Co-Owner (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

Registered name: \_\_\_\_\_

Breed: \_\_\_\_\_

Stud's call name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Color: \_\_\_\_\_

Registry: \_\_\_\_\_ Registration #: \_\_\_\_\_

Microchip #: \_\_\_\_\_

\* All males collected and cryopreserved must have a DNA analysis in order to register any offspring produced from the frozen samples. \*

**DNA number** \_\_\_\_\_ or Yes, I need a DNA sample today [  ]

*\*\*Certain countries may require proof of a negative Brucellosis test and negative Lepto titer at the time cryopreservation. For semen freezing appointments, we highly recommend completing these tests at the time of collection if there is any chance you may ever use this semen internationally.*

Accept Brucellosis test today? Y/N (Recommended every 6 months)

Lepto titer? Y/N

Dates of pre-breeding testing:

OFA Hips \_\_\_\_\_ Elbows \_\_\_\_\_ Heart \_\_\_\_\_ Thyroid \_\_\_\_\_

Date of last Penn Hip: \_\_\_\_\_

Date of last Eye CERF: \_\_\_\_\_

Has this Male been bred before? Y/N # of litters produced? \_\_\_\_\_

Date of last litter: \_\_\_\_\_ Total # of attempted breedings: \_\_\_\_\_

**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:

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