



Chino Hills
Animal Hospital & Pet Resort

Reproduction Insemination Authorization

Female Information

Please list the registered name of the female to be inseminated

Call Name _____ AKC Registration # _____

Breed of Female _____ DOB _____

Procedure to be performed (circle one)

Side by side AI

Transcervical Insemination

Surgical Insemination

Sire Information

Registered name of sire being used

Call Name _____ AKC Registration # _____

Breed of Sire _____ DOB _____

Sire owners name

Type of semen being used (circle one)

Frozen

Fresh Chilled

Collection in House

Chino hills animal hospital and/or its employees are not responsible for wrong or incomplete information. By signing this document, I authorize Chino Hills Animal Hospital to perform the insemination of the female listed above with the provided semen. I understand that breeding involves risks and **NO** guarantee has been made regarding the results.

Owner Information

Signature of Owner _____

Printed name of Owner _____

Date _____ Phone Number _____

Address _____

-This section is for hospital use only, please do not fill out-

Technician/Doctor _____

Semen Quality _____

Date Semen Arrived _____

Date Semen Collected _____

-If Frozen-

Cane Label _____ Can _____ Tank _____

Number of breeding's shipped _____ Number of breeding's used _____

Where was is shipped from _____

Make sure to give the owner AKC forms to register the potential litter