



**Morgan Agnew**  
VMD, DACT

## Female Reproductive History

So that we may better address your concerns please take the time to fill out this questionnaire detailing your pet's medical history prior to your appointment.

**Please list any current medications or supplements and any ongoing health issues:**

**First Day of Current Heat Cycle:**

**How long does patient's heat cycle normally last?**

**Method of Breeding this Cycle (Natural, AI, TCI, surgical):**

**Date of last Brucellosis / Do you need a Brucellosis test done at your appointment?**

**Male Information:**

Male name and age:

Male ID (if applicable microchip #, AKC registration ect.):

Is the male a proven sire?

Type of semen being used (fresh, fresh chilled, frozen):

**Previous Breeding History:**

Number of previous litters:

Date of last heat cycle/ last breeding:

Outcome of breeding (pregnant, not pregnant, how many puppies):

Did the patient whelp on her own or will a planned c-section be needed?

Any history of reabsorptions, abortion, fetal loss or fading puppies?

Any history of split heats/ silent heats/ irregular cycles?

**Please bring copies of any pertinent medical testing: recent blood work, previous progesterone testing, uterine/ vaginal culture results or biopsies.**