

# BREEDING CONSENT FORM

## PET HISTORY

**Pets Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Color:** \_\_\_\_\_

### Are Vaccinations Current?

	Yes	No	<u>Update Today</u>	Yes	No	Unknown
<b>DOGS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Brucella Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			History of Pyometra	<input type="checkbox"/>	<input type="checkbox"/>	
			Understand the health			
			Risks involved with	<input type="checkbox"/>	<input type="checkbox"/>	
			Breeding as discussed	<input type="checkbox"/>	<input type="checkbox"/>	

Are they on heartworm preventive? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have they been checked for intestinal parasites in the last 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Did they eat this morning? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are they allergic to any drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have they had any illness or injury in the past 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any injury to their hind end, or reproductive tract? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any history of seizures and/or previous anesthetic problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Current medications? \_\_\_\_\_

### Stud Dogs (Skip if this is for a female)

If collecting a stud, are you aware of the potential for a urethral prolapse which can be career ending and life threatening? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are you aware that they can get over excited and have heat stroke or a heart attack before, during, or after collection? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Sign that you understand these risks and others can occur from collecting your stud and that you want to proceed with the collection despite all risks of injury and death \_\_\_\_\_

### Bitch Owners (Skip if this is for a male)

Was there ovulation timing by progesterone testing done by a veterinarian prior to this appointment? Yes \_\_\_ No \_\_\_

**Procedure To Be Performed:** (Surgical AI) (Transcervical Insemination) (Transvaginal Insemination) (Semen Collection) Other: \_\_\_\_\_

**Pre-op Exam:** Temp: \_\_\_\_\_ Weight: \_\_\_\_\_

	No	Yes	Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Ears Normal	<input type="checkbox"/>	<input type="checkbox"/>	Fleas Present?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Teeth Norm	<input type="checkbox"/>	<input type="checkbox"/>	Entropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Skin Norm	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical Hernia Present?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Nails Norm	<input type="checkbox"/>	<input type="checkbox"/>	Stenotic Nares	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**Admitting Tech Initials** \_\_\_\_\_

### Elective Procedures To Be Done At The Same Time:

- Brucella Test \$60
- Heartworm Test \$25
- Update Vaccinations (Particularly: \_\_\_\_\_)
- Microchip Identification Implant \$25
- Repair Umbilical Hernia \$75-150 depending
- Hip Dysplasia Screening x-ray \$65
- Remove Warts/Skin Growth (Location: \_\_\_\_\_) \$10-25 per
- Routine Toe Nail Trim \$12.50
- Topical Flea Control \$20

Please flip to the next page and finish the document.....

**Owner Authorization & Release:** I have discussed thoroughly the act of breeding my canine pet, and assume all responsibilities and risks involved as severe but not limited to death. I understand all anesthesia & surgery involves some potential risks and complications for my pet. By signing this document, you admit and agree that we (Crowell Veterinary Services PLLC) have instructed to you that it is our recommendation that your animal is health tested before planning to breed, both by a diplomate veterinarian appropriate for your breed concerns and genetically as recommended by your breed club set forth by both American Kennel Club (AKC) and Orthopedic Foundation for Animals (OFA) and/or any other affiliated organization qualified as a specialist for your breed. Knowing and understanding the breed health risks before breeding is the responsibility of the breeder/owner, not the veterinarian or the puppy buyers. Various health conditions and diseases can affect a dog during a pregnancy or afterwards that can be life threatening to both or either the bitch or the puppies. It is the responsibility of the breeder to also produce puppies with the health quality and breed standard characteristics, set by the breed club. Our clinic would be happy to assist you and guide you to understand if you request any information about health testing and some of the risks of breeding in further detail than we already have. I understand that the only payment method we accept is **cash**.

I  **Do**  **DoNot** authorize the elective breeding procedure to be performed, and understand the potential risks and complications involved including anesthetic reactions, possible poor recovery following the procedure, a possibility for difficulty of the incision healing following the procedure, and all other unforeseen injuries or illnesses resulting from the breeding. I understand that the cost will undoubtedly range between a cost of \$ 60-500.00 and only **cash** is accepted as a method of payment and

I  **Do**  **DoNot** authorize this canine semen collection. I understand the risks and costs involved. I understand that it will cost between \$ 45-120.00 and **only cash is accepted** and

I  **Do**  **DoNot** authorize the recommended **Blood Screening** at a cost of \$ 120.00 and

I  **Do**  **Do Not** authorize the recommended **ECG Screening** at a cost of \$ 20.00 to enhance the safety for my pet *which* is an optional recommendation rather than mandatory requirements for canine breeding. I understand that I assume all responsibility for additional risks/complications resulting from refusal of these screening procedures, including financial responsibility should complications arise during the procedure(s) requested, and

I  **Do**  **Do Not** If applicable, I request the **OPTIONAL ADDITIONAL PAIN INJECTION** at the time my pet is discharged from the hospital at a cost of \$ 20.00 . This is additional pain medication to make my pet more comfortable at home for the next 24-72 hours after surgery. I understand the cost of the pain medication during surgery is not included in the base fee.

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You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for services rendered.

**I have read the foregoing, understand what it says, and agree.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_  
**Owner/Agent PRINT LEGIBLY**