

## CHECKLIST FOR FRESH CHILLED SEMEN SHIPMENT

Name of stud dog owner \_\_\_\_\_ Date \_\_\_\_\_  
Address to ship kit to (owner or veterinarian) \_\_\_\_\_

Name of recipient bitch owner \_\_\_\_\_  
Call name of bitch \_\_\_\_\_  
Credit card number of recipient bitch's owner: \_\_\_\_\_ exp \_\_\_\_\_ MC/VISA

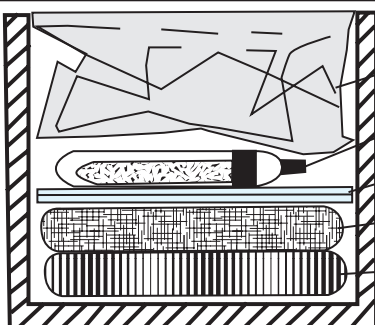
Route to be shipped: UPS/FedEx/Midwest Express/Other  
Special Shipping Instructions or Destination \_\_\_\_\_

### TO INCLUDE WITH SHIPMENT:

- Extender 1 tube per shipment 2 cc each tube—have at room temp or thawed – use in a 1:2 to 1:4 ratio semen to extender
- Plastic conical tube -1 per shipment with blue cap, labeled with name of stud dog & owner and bitch & owner (to package semen)
- 2 whirlpaks per shipment, (to double bag semen)
- 1 large piece of Parafilm per tube (to seal top of blue tube – prevent leakage)
- 1 Shipping box per shipment with insulation either Styrofoam lined – can tape together and ship as 1 package
- 2 Gel packs per shipment – 1 frozen and 1 refrigerated
- Newspaper to put under tubes and to fill box
- Semen Evaluation form
- 2 Artificial vaginas (clear sleeve) with clear centrifuge tube to collect dog in to
- Shipping label addressed to our hospital
- 3M Freeze indicator if outdoor temp is below 32° or has had trouble with semen arriving in poor condition
- Instruction form (how to pack box) and how to handle semen
- AKC Registry Litter Registration form for Fresh Extended AI (to register litter)

### FEES:

- Puppy Pack (package to ship in)
- Shipping cost
- Charges applied to credit card at time of shipment \_\_\_\_\_ (Staff initials)
- Additional charges applied to credit card \_\_\_\_\_ (Staff initials)
- Tech handling shipment \_\_\_\_\_ (Staff signature)



**Cut away view of prepared shipping kit**

- Crumpled newspaper
- Semen/media in screw-cap tube in Whirl-pak.
- 1/2 inch folded newspaper
- Refrigerated cold pack\*
- Frozen cold pack\*

**\* DO NOT SUBSTITUTE OTHER COLD PACKS FOR THE ICSB PACKS THAT COME WITH THIS KIT.**

## C-section SET-UP

### Paperwork:

- Patient Record must be available
- Surgery consent form – owner needs to sign
- Anesthesia form
- C-section surgical report
- C-section discharge sheet

### Induction/IV setup:

- Mouth gag
- Endotracheal tube
- Bland eye ointment
- IV catheter
- IV injection port
- Endotracheal tube gauze or other tie
- 1" white tape for IV catheter
- \*Lidocaine and cotton swab for cat only\*
- Saline flush for IV flush
- Laryngoscope
- Butorphanol or Buprinex injectable
- Propofol injectable

### Surgery Room Set-up:

- Heating pad – wrap around warmed Lactated Ringers for abdominal flush to keep warm
- Lactated Ringer or Normal Saline 1 liter heating in microwave for 90 sec., then on heating pad for abdominal flush
- Colloids – hetastarch if necessary
- Surgery table
- V-tray
- Heating source for bitch (turned on) – be careful to avoid anything that could cause thermal burns
- Have towels ready to support rear of bitch if needed
- Suture for closing the uterus, abdominal wall, subcutaneous tissue and skin
- Scalpel blade (15)
- Lap towels – 2 large and 4 small
- Set of 4 towel clamps
- Surgery gown – 1 per person scrubbing in
- Surgery caps and masks for all in the surgical suite
- Surgery pack
- Serrated straight Mayo scissors for episiotomy
- Surgery gloves – 2 pair for each person scrubbing in
- Duct tape to keep long coated hair away from the incision site
- Puppy ID towels – 1 set of each colored sterilized/non-sterilized
- Oxytocin from refrigerator
- Preferred post-op pain medication injectable
- Atropine injectable
- Metoclopramide injectable (Reglan)
- Butorphanol or Buprinex injectable

**Puppy Set-up:**

- Non-sterilized set of colored towels matching sterilized set
- Heating pads
- Puppy scale (weight in kilograms preferred)
- Stethoscope
- Laryngoscope
- Otoscope with large tip
- Sterile umbilical pack (needle holder and hemostat)
- Suture for umbilical cords
- Laundry baskets
- Bulb syringes
- DeLee mucous traps
- Dopram – 0.1 cc per pup - label
- Epinephrine
- Atropine
- Dexamethasone
- Lasix injectable
- Vitamin K injectable
- Endotracheal tubes suitable for puppies – Cole tube, tom cat catheters, red rubber feeding tubes cut and end smoothed to allow for ventilation (prepare these in advance, clean and can be reused)
- Stylet for endotracheal tube
- End to adapt endotracheal tube to fit oxygen hoses or Ambu bag
- O<sub>2</sub>, with regulator turned on
- Fish tank or O<sub>2</sub> chamber
- Lasix injectable

**Additional Set up to keep work area clean and safe:**

- Place non-slip mat where Dr.'s feet will be
- Place towels in work area and around surgery table
- Place waste basket and steel surgery pail where doctor can drop , gauze, and used linen
- Place incubator or warmed box or basket in an area to move pups when stable
- O<sub>2</sub> on in treatment area
- Anesthetic machine in surgery for bitch with O<sub>2</sub> on

**Sequence:**

- Arrival of the bitch with possible or confirmed dystocia
  - Exam room
  - Heated basket for pups
  - Towels
  - Blanket for bitch to nest on during evaluation
  - Supplies and drugs as listed for neonatal resuscitation
  - Preparation for possible radiograph
  - Examination glove and lubricant (KY, Nolvalube, J-lube, etc)
  - Technician to take history and assist with examination
- Assess the bitch
  - Palpation/vaginal digital exam
  - Episiotomy if indicated (pup trapped in vagina by stricture) should be done ASAP
  - PE/TPR/Blood pressure

- Radiograph and or ultrasound as indicated
- Pre-Surgical blood panel with protime if available/Progesterone if available
- Doppler to assess pups heart rates if available
- Owner sign consent form to allow anesthesia and surgical procedure after discussing options and risks
- Dose bitch with atropine injectable (1 cc per 20 pounds) and Reglan injectable at 0.3 cc per 10 pounds
- Place IV catheter & start fluids – stabilize before proceeding if indicated
- Administer antibiotics only if indicated by condition of bitch and pups
- Shave abdomen before anesthesia
- Move bitch to surgery room
- Start oxygen by face mask pre-oxygenate 5 mins
- STOP! LOOK AROUND TO BE SURE ALL SUPPLIES AND STAFF ARE IN PLACE AND READY TO MOVE QUICKLY
- Induce anesthesia with Propofol at 1 cc/5 pounds (start with 1/2 to 2/3 and give as needed)
- Mouth gag
- Bland eye ointment apply to protect
- Intubate and inflate cuff/secure tube with gauze
- GO!
- Place bitch on surgery table with left side slightly rolled down
- Attach anesthetic machine and monitors
- Start IV fluids at rate on chart per hour
- Scrub the site with Nolvasan and alcohol alternating preps or routine surgical prep per your hospital protocol
- Roll her onto back and secure in final position as doctor prefers – be sure she is in a comfortable position with her head and neck level, avoid tipping head down (avoid gastric reflux which can cause irreparable damage to esophagus)
- Prep again in case final positioning contaminated surgical field
- Open supplies – gown/gloves/surgery pack/blade/towel clamps/drape/suture/lap towels/puppy towels

Bitch	Pups
<input type="checkbox"/> Increase anesthetic gas if light or titrate with Propofol	<input type="checkbox"/> Suction with bulb syringe or DeLee
<input type="checkbox"/> Metacam after last pup is out at 0.18 ml/10#sq	<input type="checkbox"/> Monitor/assist with respirations
<input type="checkbox"/> Oxytocin p r n	<input type="checkbox"/> Stethoscope to check for heart beat if not obvious
<input type="checkbox"/> Suture uterus	<input type="checkbox"/> Oxygen as needed – face mask or chamber
<input type="checkbox"/> Belly flush and eliminate soiled lap towels	<input type="checkbox"/> Dopram and/or caffeine to stimulate respirations
<input type="checkbox"/> Re-glove	<input type="checkbox"/> Acupuncture if needed
<input type="checkbox"/> Closure	<input type="checkbox"/> Intubate trachea if needed
<input type="checkbox"/> Discharge instructions	<input type="checkbox"/> Check for cleft palates and other defects/treat
<input type="checkbox"/> Make up meds for owner to take home – Metacam/Reglan/Nemex/Tincture of Iodine	<input type="checkbox"/> Ligate umbilical cord/treat with tincture of iodine
<input type="checkbox"/> Remove IV catheter IF OK	<input type="checkbox"/> Identify pups corresponding to map of uterine location
	<input type="checkbox"/> Weigh pups and record
	<input type="checkbox"/> Place in oxygen/incubator or warmed basket
	<input type="checkbox"/> Photographs

Your clinic information here

CANINE SEMEN REPORT for Owner and Receiving Veterinarian

From:

Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_  
Dog's call name: \_\_\_\_\_ Age: \_\_\_\_\_  
Dog's Registered Name: \_\_\_\_\_ Proven: Yes/No  
Registration Number: \_\_\_\_\_ AKC/UKC/OTHER  
Breed: \_\_\_\_\_

For:

Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_  
Dog's call name: \_\_\_\_\_ Age: \_\_\_\_\_  
Dog's Registered Name: \_\_\_\_\_ Proven: Yes/No  
Registration Number: \_\_\_\_\_ AKC/UKC/OTHER  
Breed: \_\_\_\_\_

Semen Analysis: Date \_\_\_\_\_

Volume collected: \_\_\_\_\_ Concentration per ml \_\_\_\_\_

Total sperm count: \_\_\_\_\_ x 10<sup>6</sup>

(MULTIPLY VOLUME IN ML x CONCENTRATION PER ML = TOTAL SPERM COUNT)

Centrifuged? Yes/No Color \_\_\_\_\_

Volume extender added: \_\_\_\_\_ Total volume shipped: \_\_\_\_\_

Extender used: ICSB/Synbiotics/ Minitube \_\_\_\_\_/Uppsala/Other: \_\_\_\_\_

Percent motility \_\_\_\_\_% Speed of Progression: 0 1 2 3 4 5

Immature \_\_\_% Bent \_\_\_% Coiled \_\_\_% Detached \_\_\_% Droplets \_\_\_% Other \_\_\_\_\_

Other: White Blood Cells \_\_\_\_\_ per 400x Red Blood Cells \_\_\_\_\_ per 400 x

Abnormal morphology \_\_\_\_\_% Normal Morphology \_\_\_\_\_%

(MULTIPLY SPERM COUNT /ML X % NORMAL = TOTAL NORMAL SPERM COUNT)

TOTAL NORMAL SPERM CELLS \_\_\_\_\_ x 10<sup>6</sup>

Comments \_\_\_\_\_  
\_\_\_\_\_

Processed by: \_\_\_\_\_

Your clinic information here

**Information about your plans to breed your male:**

Your name: \_\_\_\_\_ Your pet's name: \_\_\_\_\_  
Co-owners names: \_\_\_\_\_ Your pet's registered name: \_\_\_\_\_  
Registration # \_\_\_\_\_ DNA completed Y/N \_\_\_\_\_  
Do you have an appointment scheduled? Yes/No Do you want an appointment? Yes/No  
What are your preferred appointment dates? Monday/Tuesday/Wednesday/Thursday/Friday/Saturday  
What are your preferred appointment times? Early AM/Late AM/ Noon hour/ Early PM/ Late PM  
Best way to reach you? Phone (list times available and numbers) \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (work) E mail \_\_\_\_\_  
Have we seen you as a client before? Yes/No Have we seen this pet before? Yes/ No When? \_\_\_\_\_  
Pet Information: Age: \_\_\_\_\_ weeks/months/years or Date of Birth \_\_\_\_\_  
Dog/Cat Breed: \_\_\_\_\_ Sex: Male/ Neutered Female/ Spayed

**Breeding Plan:**

Date this cycle began: \_\_\_\_\_ Is AI being done at our clinic? Y/N  
Type of insemination planned: Natural /Vaginal # \_\_\_\_\_ /TCI # \_\_\_\_\_ /Surgical  
Type of semen planning to use: Fresh/Fresh Chilled/Frozen  
Date of last Brucella test \_\_\_\_\_ Test run – RSAT/Culture Vaginal culture? \_\_\_\_\_  
Name of Owner/Stud dog/Bitch to be bred to \_\_\_\_\_  
Location of bitch's Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
Shipping plan: FedEx/UPS/Post office/other  
SHIPPING BOX PROVIDED BY: Shipping Veterinarian/Recipient

**History:**

MALE: First breeding/Date previously bred on \_\_\_\_\_ Natural/ AI/ TCI/ Surgical  
Outcome \_\_\_\_\_  
Timing: None/ Male/ Vaginal cytology/ Progesterone \_\_\_\_\_  
Evaluated on palpation/ultrasound/x-ray Semen analysis results: \_\_\_\_\_  
Has your pet been thyroid tested: Yes/ No Results? \_\_\_\_\_ Date \_\_\_\_\_  
Other previous diagnostics or treatments? \_\_\_\_\_  
Lifestyle: Indoor/ Outdoor Companion dog/ Performance dog/ Breeding dog/ Service dog  
Describe his housing and lifestyle: \_\_\_\_\_

Does your pet have any allergies to food, vaccines, or medications? No/Yes

If yes, please describe: \_\_\_\_\_

Does your pet travel? In state? Out of state? Board? Dog events? Location: \_\_\_\_\_

Describe your pet's normal diet including treats and table food \_\_\_\_\_

List of supplements given: \_\_\_\_\_

What medications have you given your pet in the past month? Please include over-the-counter medications as well as heartworm preventive and flea/tick control products.

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WORMING HISTORY: Y/N product and dates: \_\_\_\_\_  
VACCINATION HISTORY: Current/ None/ due for DHLPP on \_\_\_\_\_/ RABIES due on \_\_\_\_\_  
Has he had his health screenings done: OFA/ CERF/ Other \_\_\_\_\_  
Is there testing or x-rays from a previous illness or injury? Yes/No \_\_\_\_\_  
Is your pet current on vaccinations and worming/fecal examinations? Yes/No \_\_\_\_\_  
Do you have pet health insurance? No/Yes Name of provider? \_\_\_\_\_  
Does your pet need any testing done or medications refilled? \_\_\_\_\_  
May we request records from your previous veterinarian? Yes/No \_\_\_\_\_  
Name of your previous veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you want a referral letter sent to your local veterinarian? Yes/No Name: \_\_\_\_\_

**Symptoms:**

Do you have any concerns about your pet's health? No/Yes IF yes, please review below:  
Describe your pet's overall health: \_\_\_\_\_  
When was your pet last normal? \_\_\_\_\_  
What symptoms have you noticed? \_\_\_\_\_  
What symptoms did you notice first? And how long ago? \_\_\_\_\_  
Are the symptoms getting better/ worse/ staying the same?  
Has your pet been treated for this condition in the past? Describe medications and responses:  
\_\_\_\_\_  
Is your pet acting normally? Yes/No If no, please describe: \_\_\_\_\_  
Is your pet drinking normally? Yes/No If no, please describe: \_\_\_\_\_  
Is your pet eating normally? Yes/No If no, please describe: \_\_\_\_\_  
Is your pet urinating normally? Yes/No If no, please describe: \_\_\_\_\_  
Is your pet vomiting? Yes/No If yes, please describe: \_\_\_\_\_  
Is your pet having normal stools? Yes/No If no, please describe: \_\_\_\_\_  
Has your pet's weight increased/ decreased/ stayed the same?  
Is your pet's breathing normally? Yes/No If no, please describe: \_\_\_\_\_  
Are the eyes normal? Yes/No If no, please describe: \_\_\_\_\_  
Are the ears normal? Yes/No If no, please describe: \_\_\_\_\_  
What medications have you used? \_\_\_\_\_  
Is the skin normal? Yes/No If no, please describe: \_\_\_\_\_  
Are there any lumps? Yes/No Where are the sores, hair loss, or lumps? \_\_\_\_\_  
Are there any abnormalities with the legs, neck or back? Yes/No If yes, please describe:  
\_\_\_\_\_  
Do you have any behavior concerns? Yes/No Please describe \_\_\_\_\_  
Are the reproductive organs normal? Yes/No  
Plans to breed: \_\_\_\_\_  
Are there observations or concerns we did not include in the questions above?

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Client ID: \_\_\_\_\_ Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Dr. \_\_\_\_\_

Your clinic information here

**Information about your plans to breed your female:**

Your name: \_\_\_\_\_ Your pet's name: \_\_\_\_\_  
Co-owners names: \_\_\_\_\_ Your pet's registered name: \_\_\_\_\_  
Registration # \_\_\_\_\_ DNA completed Y/N \_\_\_\_\_  
Do you have an appointment scheduled? Yes/No Do you want an appointment? Yes/No  
What are your preferred appointment dates? Monday/Tuesday/Wednesday/Thursday/Friday/Saturday  
What are your preferred appointment times? Early AM/ Late AM/ Noon hour/ Early PM/ Late PM  
Best way to reach you? Phone (list times available and numbers) \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell) \_\_\_\_\_ (work) E mail \_\_\_\_\_  
Have we seen you as a client before? Yes/No Have we seen this pet before? Yes/No When? \_\_\_\_\_  
Pet Information: Age: \_\_\_\_\_ weeks/ months/ years or Date of Birth \_\_\_\_\_  
Dog/Cat Breed: \_\_\_\_\_ Sex: Male/ Neutered Female/ Spayed

**Breeding Plan:**

Is she in season now? Yes/No Date this cycle began: \_\_\_\_\_ Is AI being done at our clinic? Y/N  
Type of insemination planned: Natural/ Vaginal # \_\_\_\_\_ / TCI # \_\_\_\_\_ / Surgical  
Type of semen planning to use: Fresh/ Fresh Chilled/ Frozen  
Date of last Brucella test \_\_\_\_\_ Test run – RSAT/Culture Vaginal culture? \_\_\_\_\_  
Name of Owner/Stud dog/Bitch to be bred to \_\_\_\_\_  
Location of stud dog's Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
Shipping plan: UPS/ FedEx/ Post office/ other SHIPPING BOX PROVIDED BY: Shipping vet/ client

**History:**

FEMALE: Date of last cycle \_\_\_\_\_ First breeding? Yes/No  
Date previously bred on \_\_\_\_\_ Natural/ AI/ TCI/ Surgical Outcome \_\_\_\_\_  
Timing: None/Male/Vaginal cytology /Progesterone \_\_\_\_\_  
Evaluated on palpation/ ultrasound/ x-ray Stud dog proven? Yes/No/ Evaluated? \_\_\_\_\_  
Has your pet been thyroid tested: Yes/No Results? \_\_\_\_\_ Date \_\_\_\_\_  
Other previous diagnostics or treatments? \_\_\_\_\_  
Lifestyle: Indoor/ Outdoor Companion dog/ Performance dog/ Breeding dog/ Service dog  
Describe her housing and lifestyle: \_\_\_\_\_  
Has she had her health screenings done: OFA/ CERF / Other \_\_\_\_\_

Does your pet have any allergies to food, vaccines, or medications? No/Yes

If yes, please describe: \_\_\_\_\_

Does your pet travel? In state? Out of state? Board? Dog events? Location: \_\_\_\_\_

Describe your pet's normal diet including treats and table food \_\_\_\_\_

\_\_\_\_\_ List of supplements given: \_\_\_\_\_



WORMING HISTORY: Y/N product and dates: \_\_\_\_\_

VACCINATION HISTORY: Current/ None/ due for DHLPP on \_\_\_\_\_/ RABIES due on \_\_\_\_\_

What medications have you given your pet in the past month? Please include over-the-counter medications as well as heartworm preventive and flea/tick control products. \_\_\_\_\_

Is there testing or x-rays from a previous illness or injury? Yes/ No \_\_\_\_\_

Is your pet current on vaccinations and worming/ fecal examinations? Yes/No

Do you have pet health insurance? No/Yes Name of provider? \_\_\_\_\_

Does your pet need any testing done or medications refilled? \_\_\_\_\_

May we request records from your previous veterinarian? Yes/No

Name of your previous veterinarian? \_\_\_\_\_ Phone: \_\_\_\_\_

Do you want a referral letter sent to your local veterinarian? Yes/No Name: \_\_\_\_\_

### Symptoms:

Do you have any concerns about your pet's health? No/Yes IF yes, please review below:

Describe your pet's overall health: \_\_\_\_\_

When was your pet last normal? \_\_\_\_\_

What symptoms have you noticed? \_\_\_\_\_

What symptoms did you notice first? And how long ago? \_\_\_\_\_

Are the symptoms getting better/ worse/ staying the same?

Has your pet been treated for this condition in the past? Describe medications and responses:

Is your pet acting normally? Yes/No If no, please describe: \_\_\_\_\_

Is your pet drinking normally? Yes/No If no, please describe: \_\_\_\_\_

Is your pet eating normally? Yes/No If no, please describe: \_\_\_\_\_

Is your pet urinating normally? Yes/No If no, please describe: \_\_\_\_\_

Is your pet vomiting? Yes/No If yes, please describe: \_\_\_\_\_

Is your pet having normal stools? Yes/No If no, please describe: \_\_\_\_\_

Has your pet's weight increased/ decreased/ stayed the same?

Is your pet's breathing normally? Yes/ No If no, please describe: \_\_\_\_\_

Are the eyes normal? Yes/No If no, please describe: \_\_\_\_\_

Are the ears normal? Yes/No If no, please describe: \_\_\_\_\_

What medications have you used? \_\_\_\_\_

Is the skin normal? Yes/No If no, please describe: \_\_\_\_\_

Are there any lumps? Yes/No Where are the sores, hair loss, or lumps? \_\_\_\_\_

Are there any abnormalities with the legs, neck or back? Yes/No If yes, please describe: \_\_\_\_\_

Do you have any behavior concerns? Yes/No Please describe \_\_\_\_\_

Are the reproductive organs normal? Yes/No

When was her last heat? \_\_\_\_\_

Plans to breed: \_\_\_\_\_

Are there observations or concerns we did not include in the questions above?

Client ID: \_\_\_\_\_ Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Dr. \_\_\_\_\_



Your clinic information here

**MALE**

**(Initials):** \_\_\_\_\_

Reproduction Telephone Referral      Date/Time of call: \_\_\_\_\_ am/pm

Client Information:

Have we seen your Pet before? Y or N?

If Established client – **Please verify address, phone numbers and email address**

File # \_\_\_\_\_ Client's Name: \_\_\_\_\_

Client's phone # (\_\_\_\_) \_\_\_\_\_ (h w c) Alternate # (\_\_\_\_) \_\_\_\_\_ (h w c)

Available from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm      Available from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Mail address: \_\_\_\_\_  
Street or PO Box      City      State      Zip

E-Mail Address: \_\_\_\_\_ Info E-Mailed Y or N?

Referring DVM \_\_\_\_\_ DVM Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**Pet info:**

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Type of Repro to be scheduled: Pre-Breeding Exam, Collect/Analysis, Freeze, Storage, Other \_\_\_\_\_

Remind to bring registry, DNA and Brucella test results to appointment

When are you planning to have this done? \_\_\_\_\_

**Shipping Information:** Incoming/ Outgoing/ Storage@ \_\_\_\_\_ / N/A **(circle one)**

**Ship from/ to Client/ Veterinarian/ Other** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Facility/ Client** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box      City      State      Zip

**Method of Shipment:** U.P.S., FedEx, Airline Name, **Tracking #** \_\_\_\_\_

**Brief History:** \_\_\_\_\_

**Recommendations/Plan:** \_\_\_\_\_

Your clinic information here

Client Name:		Date of call:	
Client ID:	New? Y/N	Time of call:	
Pet's Name:		Age/Sex:	M/Y/M/N/F/S
Primary Phone Number:	H/W/C	Available times:	
Alternate Phone Number:	(name) H/W/C	Available times:	
Email preferred? Y/N		Urgency of call:	High Medium Low
Reason for Call/ Symptoms	Last normal on _____ Temp? ____ Duration of Symptoms		
Attitude	Down/Lethargic/Weak /Not Eating/Not Drinking/ Wt Loss /Pain (1 2 3 4 5) (5=severe)/Normal Describe:		
Urinary	Not urinating/PU/PD/Change in Urination: Inc/Dec/0/Blood/ Describe:		
Cardiovascular	Distressed/Not breathing normally/Coughing/Sneezing/Discharge/Panting/Fainting Abnormal Noise Describe:		
GI	Bloat/Vomiting/Diarrhea/Eating Less/Not Eating/Ate FB, Toxin, other/Constipated Describe:		
Eye R/L/Both	FB/Squinting/Red/Rubbing/3rd eyelid/Eyelid/Discharge/Eye protruding/Pain/Blind/ Color change Describe:		
Ear R/L/Both	Discharge /Red/Swollen/Pain(1 2 3 4 5)(5=severe) /Odor/L/R/Deaf/ Describe:		
Skin	Laceration/Hot spot/Lump/Rash/Lesions/Itchy (1 2 3 4 5)(5=severe)/Fleas/Ticks/Hair loss Describe:		
Leg/Back RF/LF/RR/LR	Down/Paralyzed/3 legged Lam/Limping/Hunched/Pain (1 2 3 4 5)(5=severe)/Chiro Describe:		
Reproduction	In Labor: Y/N/ Pup stuck?/Pups born # _____/No pups born yet/Discharge Green/Red/ In labor since _____/Time last pup born/Number of pups lost _____ Due to whelp: _____ Based on US/Rads/Progesterone? Currently trying to breed: _____ Natural/Fresh AI/Shipped/Frozen Timing done this cycle? Vag Cyt/Progesterone/Stud Date _____ Results ____ Planning to breed this cycle & now in heat: _____ Need to ship semen: _____ Planning to breed or freeze in the future: _____ Accidental breeding: _____ Male reproductive problem: _____ Female reproductive problem: _____ Other: _____		
Litters: Born on: _____	Symptoms: _____ Sick since? _____ Number in litter? _____ Any pups/kittens lost? _____ Treatment? _____ Temperature? _____ Urine color? _____ Stool Character _____ Weights taken _____ Water? _____ Feeding since/ what? _____ Worming history _____ Vaccination History _____		
Client's Request	<input type="checkbox"/> Reason for call back: Appointment/Lab Results/US or Rad Results/Surgery/Post-op / Euthanasia/ Refill w Appt/Refill wo Appt/Diet change/Billing/Estimate/Complaint/Other <input type="checkbox"/> Phone Call from Doctor/Tech/Repro Department/Receptionist/ Practice Manger/ Individual Requested to return call: _____ <input type="checkbox"/> Appointment: ASAP/Specific Date & Time Range Preferred _____ <input type="checkbox"/> Client will call us back? _____ <input type="checkbox"/> Appointment Scheduled for Date _____ Time _____ <input type="checkbox"/> Declined		

## **ARTIFICIAL INSEMINATION USING FRESH CHILLED AND FROZEN STORED CANINE SEMEN**

For approximately 40 years, veterinarians have had the technology to freeze or chill semen for insemination at a remote time and/or distance. But for most of this time, our success in turning these breedings into pregnancies has been limited by our ability to pinpoint the exact moment in time that the insemination should occur. Recently, more accurate and more accessible progesterone testing has increased our success in producing pregnancies with distant inseminations.

### FRESH CHILLED SEMEN COLLECTION TO BE SHIPPED TO A REMOTE SITE:

1. Contact the veterinarians office as early in the bitch's estrus as possible to assure staff and shipping methods are available when needed. Be sure the recipient's address (typically a veterinary clinic) is available.
2. Confirm the dog and bitch are both in good health, have had health screening, such as OFA and CERF, completed in advance, negative Brucella tests in the past 3 months, and are current on immunizations and preventive worming. Consider having a semen analysis done on the male to be used to assure he is currently fertile.
3. Upon confirmation of the date(s) the semen is to be shipped, call to schedule an appointment. Collections for shipment are best done early in the day to allow adequate time for courier service to arrange for pickup. This will help assure timely delivery of the semen. The semen, once collected, is viable for 24 to 36 hours; delayed insemination reduces the chance of a breeding resulting in a pregnancy. The inseminating veterinarian also needs time to schedule the bitch for insemination.
4. Inform the veterinary clinic if additional semen shipments are requested. Typically, using fresh chilled semen, two collections are made and shipped.
5. DNA testing of the stud dog is now required (if not previously done) to register the litter with the AKC. This test is a simple cheek swab, collected at the appointment. Your signature and payment are required for submission to the AKC. A color DNA certificate, which includes your dog's DNA profile number, will be mailed directly to you.
6. Complete the AKC paperwork for insemination with fresh chilled semen at the first shipment. You will need your dog's registered name and AKC number and, if previously DNA profiled, his DNA profile number. You should provide the AKC registered name and number of the bitch as well.
7. The owner of the bitch usually pays fees for the service of collecting and shipping the semen. This is best handled by credit card and must be paid prior to shipping the semen. Charges are as follows:
  - A. Fee to collect the stud dog, handle and evaluate the ejaculate: Fee \$\_\_\_\_\_
  - B. Fee for specialized packaging and shipping media: Fee \$\_\_\_\_\_
  - C. Fee for shipping: Usually ship by FedEx or UPS overnight. If the owner of the bitch requests another courier, they will need to contact us directly with arrangements. If same day service is required or necessary, such as on weekend or holidays, the owner of the dog or bitch must make arrangements to transport the semen to the airport and select the airline and flight to be used. Known shipper status is required. The airline should be aware that the box contains canine semen and ice packs (not dry ice), as not all airlines will accept these contents.
  - D. Fee for teaser bitch if the stud dog owner does not provide one: Fee if available.

Remember, at times, delays in receiving the semen can occur due to problems with inclement weather, lost or misdirected shipments, etc. Keep in mind, this is an inconvenience and may interfere with a successful pregnancy as the outcome, but at least it was only a lost box and not your prized dog, which was lost or delayed. You can always arrange for an additional shipment if notified of this minor catastrophe and if you ship the replacement counter-to-counter, you can typically make up for the lost time of the original next day air shipment. It is the responsibility of the stud dog or brood bitch owner to track the shipment and make sure it arrives on time. The veterinary clinic will provide you with the tracking number.

#### FRESH CHILLED SEMEN COLLECTION TO BE SHIPPED TO YOU:

1. Prior to the expected estrus, your bitch should have vaccinations updated, worming completed, and a complete physical examination. A breeding history will be taken, and vaginal exams and cultures done if indicated. A Brucella test should be run within the 3 months prior to breeding.  
Health screening tests such as OFA, CERF, etc. should have been completed in advance. At the time estrus begins, it is not possible to initiate testing and receive results in time for a breeding. The same should hold true for the stud dog – Brucella testing, OFA, CERF, etc. It is also preferred that he should have recently sired a litter or has had a semen analysis performed.
2. Contact the veterinarian's office at the first sign your bitch is in estrus. It is best to see her in the first 5 days for a vaginal cytology to assess that she is truly early in her cycle and has not come into estrus silently. Plan sequential vaginal cytologies and progesterone testing based on this cytology and her reproductive history.
3. At this time, you can contact the collecting veterinarian to ascertain how the semen will be stored and shipped and provide them with the hospital address and phone number for shipping. In some cases, they will have supplies in stock at their hospital. In other cases, you may prefer having the veterinary clinic send out a semen shipment kit to the stud dog owner's veterinarian. These charges will be put on your credit card.
4. Be sure the collecting veterinarian has experience in collecting semen or if not, contact them with detailed information on semen collection and handling. Be sure your stud dog owner's collecting veterinarian labels the TUBE with their name, the dog's name, AKC number, and date and time of collection. Many clinics receive a number of samples unlabeled and when multiple semen shipments are received on the same day, the clinic need to be able to identify the correct semen is being used on your bitch. Ask the stud dog owner to see the sample prior to packaging if necessary to be sure this is done.
5. At the time ovulation is about to occur (based on a progesterone level of 4 to 8 ng/ml), the veterinarian will advise you to contact the owner of the stud dog to arrange for collection and shipment. On weekdays, an overnight courier service such as FedEx or UPS can be used. On holidays and weekends, airline counter-to-counter or the US Postal Service needs to be used. At shipment, you should request the air bill or tracking numbers should a shipment need to be tracked.
6. Arrange an appointment for your bitch to come in for insemination. The insemination is usually done vaginally and is best repeated in 24 to 48 hours to improve the chances of conception. She should be encouraged to urinate prior to insemination and kept quiet/crated for 2 hours post-insemination.
7. The collecting veterinarian may have a regular courier service established for overnight delivery. If so, it is probably easiest to use their normal system. If they do not routinely use one courier, you may wish to contact several to determine fees, pick up and delivery times, etc. Some to consider are FedEx, UPS, or the US Postal Service  
On holidays or weekends, counter-to-counter at the airlines must be used. You will need to arrange to have the shipment at the airport at least 2 hours prior to departure to get the shipment loaded. All

airlines need to be individually checked. Shipper must have known shipper status with any airline you use. You and the owner of the stud dog are responsible for travel to and from the airport.

Be sure to state, if you are questioned, that you are shipping canine semen in a Styrofoam shipper on ice packs (no dry ice is used – this is a hazardous material). In some situations, the USPS will do weekend and holiday pickups and deliveries, but this is not available at all locations, so you need to call ahead to assess service availability.

8. Twenty four to 28 days post-insemination, we recommend your bitch be palpated and/or ultrasounded to establish if she has become pregnant. This is an important piece of medical information to establish a reproductive history. If she is pregnant, this is the time to change her diet to a high quality performance diet, line up supplies for whelping, arrange for someone to be available for whelping assistance.
9. Fees for this service are as follows:
  - A. Serial vaginal cytologies and progesterone levels: Fee per sample \$\_\_\_\_
  - B. Fee for insemination(s) of the bitch: Fee for the first, Fee subsequent \$\_\_\_\_
  - C. Fee for transcervical insemination: Fee per insemination. \$\_\_\_\_
  - D. Fee for palpation/ultrasound/x-rays to confirm pregnancy: Fee \$\_\_\_\_
  - E. Fee to the collecting veterinarian for collection, shipping medium and packaging, and shipment: varies so ask for a quote.
  - F. Brucella test: Fee to draw and run the sample. \$\_\_\_\_

#### COLLECTING SEMEN FOR FREEZING:

1. Complete all health screenings for your stud dog including such evaluations as CERF and OFA. Have a recent Brucella test (within the past 3 months or since the prior breeding) and semen evaluation. Have a complete physical examination including a digital prostate exam, to assure he is in good general health. The ideal time to freeze semen is prior to the dog's aging (at 2 to 7 years of age) as semen quality is usually better and will yield a higher quality freeze but older dogs have been frozen successfully.
2. Bring a COPY of the dog's AKC certificate. We will also need a side and front photograph – if you do not have these, take digital photos at the appointment for collection
3. Complete DNA testing for AKC (required) if not previously done. This test is a simple cheek swab. Your signature and a check for are required for submission to the AKC. A color DNA certificate, which includes your dog's DNA profile number, will be mailed directly to you.
4. Contact the office to confirm staff and teaser bitch availability. Schedule an appointment.
5. Fees are itemized as follows:
  - A. Complete physical examination if not completed at our office in the past 3 months: Fee \$\_\_\_\_
  - B. Fee to set up the file: Fee to collect the stud dog Fee to handle, evaluate, freeze and store for 1 year Fee for up to 4 vials of semen (total Fee): \$\_\_\_\_
  - C. Fee for each vial above 4: Fee \$\_\_\_\_
  - D. Fee for additional collections: Fee \$\_\_\_\_
  - E. Brucella test: Fee \$\_\_\_\_
  - F. Fee for the teaser bitch if you do not provide your own: Fee if available. \$\_\_\_\_
  - G. Fee for storage of up to 30 vials per dog after the first year: Fee \$\_\_\_\_
6. To release the semen, you as the stud dog or semen owner MUST contact the office directly. You must have the "Semen Release Form" completed and mailed or faxed back to us at least 3 days prior to the requested shipping date. Only then can the semen be released to the owner of the bitch. In addition, your account must show a zero balance in order for frozen semen to be released for shipment. Notify the veterinarian early in the bitch's estrous cycle to minimize costs.

7. You will also need to contact the veterinarian with the name, address and telephone number of the shipment destination – typically a veterinary clinic. Specify how many vials or straws of semen you want shipped. You will need credit card number from the owner of the bitch to cover the associated costs. Without this, the clinic will either need to bill your account or delay shipping of the semen until fees are paid in full.

8. Fees to release and ship the semen are itemized as follows:

A. Fee for semen release: Fee for up to 5 vials, Fee per vial above 5. \$\_\_\_\_

B. Additional fee for semen release with less than 3 days notice: Fee. \$\_\_\_\_

C. Tank rental: Fee for first 7 days. \$\_\_\_\_

D. Overnight shipment or counter-to-counter shipment of semen in the portable semen tank: Fee \$\_\_\_\_

E. Second day return shipment of portable semen shipping tank: Fee. Include a return shipping label so return shipping is simplified. \$\_\_\_\_

F. Insurance on semen tank valued at Fee \$\_\_\_\_

G. Deposit on semen tank: Fee \$\_\_\_\_

H. Additional rental for failure to return tank within 7 days: Fee per day. \$\_\_\_\_

**PAYMENT IS DUE UPON RELEASE OF THE SEMEN – NO CREDIT WILL BE EXTENDED FOR THIS SERVICE.**

The bitch owner usually pays shipping costs, and that can best be handled by credit card. However, the semen owner is ultimately responsible for all costs in the event that the bitch owner fails to reimburse us for the shipping or fails to return the tank.

Remember to regard your frozen semen as a finite and valuable asset. Release it with forethought. It should remain viable for many years – make arrangements accordingly in your will.

#### BREEDING YOUR BITCH WITH FROZEN SEMEN:

Breeding with frozen semen is less forgiving, more complicated and more expensive than other breedings. It can also be very rewarding utilizing the genetics of stud dogs of a by-gone era.

REMEMBER THESE HIGH POINTS:

- You are using semen that is expensive and is likely limited in availability. Use this finite resource wisely.
  - Timing the bitch's cycle must be precise, and the insemination window is approximately 12 to 24 hours.
  - Anesthesia and surgery are used for most frozen inseminations. Consider the benefits vs. the risks before embarking on this.
1. As with any breeding, be sure your bitch has current vaccinations, has her pre-breeding screening, and is in good health. You may wish to do this type of breeding only with a young bitch who has successfully completed a pregnancy. Aged bitches tend to release fewer eggs and have decreased fertility. A breeding history will be taken and vaginal exams and cultures done if indicated. A Brucella test should be done in the past 3 months.
  2. Arrange for the frozen semen to be released prior to your bitch's heat or early in her cycle. The owner of the semen, usually the stud dog owner, must sign a release form. Shipping costs from the storage facility must be paid prior to shipping and can usually be paid with a credit card. The owner of the bitch usually will pay the release fee, overnight shipping to us, portable semen shipping tank rental, and return shipping of the tank to the storage facility.
  3. Contact the veterinarian's office at the FIRST SIGN that your bitch is in heat. Her first appointment should be in the first 6 days of her estrus for a vaginal cytology to confirm that she is early in her estrus. Plan sequential vaginal cytologies and progesterone testing based on this cytology and her reproductive history.



4. Progesterone tests should be run approximately every 48 hours as ovulation nears. An LH level can also be run if requested in advance. LH levels can be helpful in timing the bitch but must be run every 24 hours so can be costly.
5. Pre-surgical blood work should be drawn at one of these visits in preparation for anesthesia.
6. Schedule your bitch for anesthesia and surgical insemination or TCI. For surgical insemination she will receive general anesthesia. A midline incision is made similar to that for a spay, the uterus will be exteriorized, and examined, semen placed in the lumen, the uterus repositioned into the abdomen, and the abdominal wall and skin closed. She will be recovered from anesthesia and discharged the same day. The entire visit typically takes about 2 hours from admission to discharge. You are welcome to wait in the lobby or return later for her. She should be kept quiet and crated for a minimum of 4 hours post-op. She should rest for several days post-op.
7. At day 24 to 28, ultrasound her for early diagnosis of pregnancy (see earlier section on ultrasound)

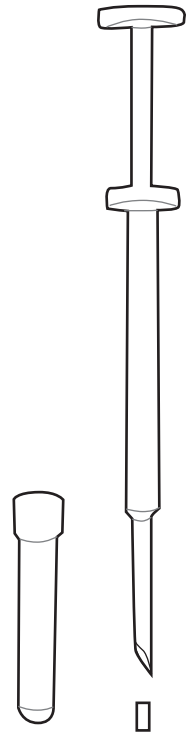
## Client Handout for ovulation timing

### Deslorelin (Ovuplant®) = NEW Way to Control the Timing of Your Bitch's Heat Cycle

Technology advances again and has now allowed us to either delay or induce estrous (heat) cycles in bitches with more ease and accuracy than ever before.

Ovuplant® (2.1 mg) is a hormone contained in a pellet. It is labeled for use only in horses. This pellet is inserted under the mucosa of the vulva. For this product to be effective in inducing estrous, the bitch MUST have a progesterone level of less than 1.0 ng/dl immediately prior to insertion of the drug pellet or it may block, not induce estrous.

Typically, the patient will come into heat within 3 to 7 days, and be ready to breed 8 to 10 days after she comes into season (11 to 17 days after insertion). The implanted drug pellet MUST be removed to maintain pregnancy. This is a prescription drug and must be inserted and removed by a veterinarian. Approximately 90% of the time, the use of this product allows you to have control over the time you breed. This can be valuable for bringing bitches into heat for travel, specialties, to avoid scheduling conflicts in your personal life, or to produce puppies when you need them, such as for futurities.



Cabergoline (Dostinex®) is a similar product, given orally. Approximately 70% of bitches taking the product will start estrous within 10 to 30 days of starting the drug. This is dosed at 5 mcg/kg once daily for 10 days. In small bitches, compounding may be necessary to scale the dose down.

Contact us for more information on how this new therapy permits you to time your bitch's breedings and whelping to fit your needs!

- Please return for removal of the Ovuplant after breeding is completed.

Veterinary Clinic Contact information



Your Hospital information here

- PREVENTION OF ESTRUS with Mibolerone (formerly marketed as Cheque®) Drops
- Mibolerone drops can be used to prevent estrous. This can be helpful in delaying estrous in bitches who tend to have abnormally short periods between heat cycles or who are competing in dog events and should be kept out of heat to maximize their performance. It can also be used to allow you to time her litters. By preventing estrous cycles, we can preserve the uterine lining of bitches, in many cases allowing them to remain fertile longer than if they were cycling frequently and aging their uterine lining. Mibolerone drops are a testosterone derivative, NOT progesterone.
- This is a prescription drug that must be compounded for your use.

### Mibolerone Dosages

Weight in pounds	Mcg/day
1-25	30
25-50	60
50-100	120
>100	180
German Shepherds	180

- The average bitch after going off Mibolerone drops comes into heat after 70 days. The hormone must be administered daily or break-through will occur.
- She should have a liver panel blood test run prior to starting Mibolerone and every 3 to 6 months. Frequently, there is an increase in liver enzymes from the hormone.
- Side effects from Mibolerone drops:
  - One percent tear from the eyes;
  - They tend to muscle up and grow more coat, because it's a male hormone derivative.
  - Frequently, they accumulate mucous around the vulva similar to puppy vaginitis. This can be mistaken as pyometra. However, a bitch on Mibolerone cannot hormonally develop pyometra. If your bitch is on Mibolerone, be sure your vet knows! (dogs with family members and handlers!!!)
- It is safe for a bitch to be bred on the first cycle she has after completing mibolerone therapy.
- Mibolerone should not be used prior to a bitch's first estrous cycle or for more than 3 to 24 months.
- Please return for a liver panel in \_\_\_\_\_ when on Mibolerone drops.
- The prescribing veterinarian should do Due diligence on the compounding pharmacy compounding this product



## Taildock and dewclaw surgery report

Date \_\_\_\_\_ Clinician \_\_\_\_\_ Staff \_\_\_\_\_  
 Client Name \_\_\_\_\_ Client ID \_\_\_\_\_ Name of Dam \_\_\_\_\_

Puppy ID	Temp	Weight	Heart Rate	Resp Rate	MM Color/ CRT	Urine Color/SG	Stool Character	Owner concerns	Feedings/ Therapy Given	PE Findings	Dewclaws Front/Rear	Tail length
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												

Surgical procedure: Sterile pack/ sterile gloves

Taildock – clipped, prepped with Nolvasan/ho local anesthesia/local block with \_\_\_\_\_

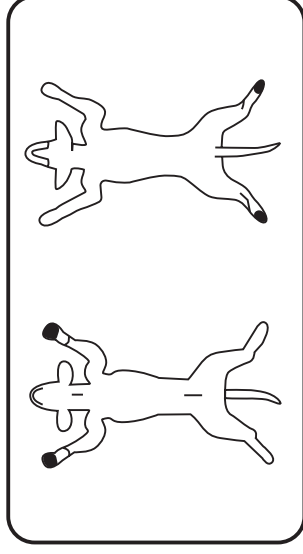
Length measured: \_\_\_\_\_ Scissors vertical/horizontal

Sutured with \_\_\_\_\_ / Pattern \_\_\_\_\_

Dewclaws - Sterile pack/ sterile gloves/ closed with nexaband/vetbond/ \_\_\_\_\_

Technician/Assistant \_\_\_\_\_

Signature of doctor \_\_\_\_\_ DVM



## Individual puppy data sheet

Puppy ID:	Date of Birth:	Time:	am/pm
Sire:	Dam:		
Registration Number:	Sex:		
Registered Name:	Microchip Number:		
Breed:	Color:		

Day	Date	Weight	ENS	Deworm	Day	Date	Weight	Deworm	Vaccinate
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					35				
14					42				
15					49				
16					56				

**Photos:**

Head View	Right Side View	Left Side View	Top View
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**Buyers Information:**

Buyer's Names:	
Buyer's Address:	
Buyer's Phone Numbers:	
Buyer's E mail	
Contract? Yes/No	
Summary of contract terms:	

Notes: \_\_\_\_\_

Your hospital information here:

Letter to client who will be using another clinic for pre-breeding progesterone testing.

Thank you for contacting us to assist you in breeding your dog.

Prior to breeding, we recommend your bitch be in good physical condition, be current on vaccinations, parasite free, and have her health screenings completed.

Progesterone levels are the backbone of timing bitches for breeding. This is essential for special need bitches with a history of infertility or missed breedings, pregnancies that did not go to completion, or bitches who will be bred using fresh chilled (shipped) or frozen semen. Progesterone testing is also useful in determining when a bitch should be receptive for a natural breeding in cases where either the female or male is reluctant to breed. Additionally, knowing her progesterone levels at the time of breeding allows us to predict within 24 hours when she should whelp. This information can save money, time, and puppies.

As soon as you notice your bitch is in season, please contact us. If you are planning to use frozen or fresh chilled semen, it is helpful if you have notified us in advance. We can assist you in arranging shipment of the frozen semen prior to the start of her heat cycle. We can also help you arrange for supplies and manage the details of shipping fresh semen.

The first progesterone level should be drawn on day 6 of her heat cycle. If she has a history of short cycles, the first progesterone should be drawn at the first sign of estrus. We then recommend you repeat the progesterone testing every 2 to 3 days until her progesterone rises to 3 ng/dl; it should be repeated the next day. A progesterone of 3 ng/dl indicates she is very close to ovulation.

Ovulation occurs when the progesterone is 5 ng/dl. We like to have at least one more progesterone 2 to 3 days after her progesterone reaches or exceeds 5 ng/dl to assure she has completed her ovulation. We typically breed 2 days after 5 ng/dl if using fresh or fresh chilled semen. We typically breed 3 days after 5 ng/dl if using frozen semen IF the progesterone reaches or exceeds 20 ng/dl. Many bitches will have a progesterone level of 15 to 40 ng/dl at the time of the breeding; this is normal. We breed 7 days a week, including holidays, based on your bitch's ideal time for breeding.

We can usually run progesterone levels in our hospital with results available within the hour. If you live a distance away, it is often more convenient to have these drawn and submitted to the lab by your local veterinarian. As we will assist in interpreting the results and timing the breeding, your local veterinarian may prefer not to be involved in any aspect other than submitting the samples for you and providing us with a lab tracking number.

The following are guidelines to assist your veterinarian in submitting blood samples for progesterone levels:

1. Submit the sample to \_\_\_\_\_ Laboratory for a Canine Progesterone assay whenever possible. Include the date and TIME the sample was drawn on the requisition form. The sample should be placed in a non-barrier tube (not an SST tube), spun down, and the serum transferred into a transport tube. In-office semi-quantitative tests (such as ICG or Camelot Farms) are not accurate enough to use for this situation. You may contact your local human hospital and have a progesterone level run there as they are not species specific. We prefer the results from \_\_\_\_\_ as they have proven to be reliable and repeatable.



2. Draw and submit the first sample on day 6 of the bitch's cycle. Draw the sample on day 3 of her cycle if she has been brought into heat with medication or has a short proestrus. If the first date is not known, submit at the earliest time you are contacted by the client.
3. Subsequent tests are run approximately every 2 to 3 days but this will vary based on the results and the day of the week upon which this falls. Call us if you have any questions about when to re-sample the patient.
4. Please mark the Laboratory form to fax (or call) the results to us and your clinic as soon as you receive them. Our fax number is \_\_\_\_\_. Baseline levels, less than 2 ng/dl, can wait until the next working day (use \_\_\_\_\_ phone or \_\_\_\_\_ fax). **ANY RESULT OVER 2.5 SHOULD BE CALLED TO US AS SOON AS POSSIBLE ( \_\_\_\_\_ ) AS THIS REPRESENTS A RISE IN THE PROGESTERONE LEVEL AND SIGNIFIES ACTION WILL BE TAKING PLACE SOON.** We breed 2 to 3 days after the progesterone level begins to rise above 5ng/dl. In many bitches, this rise can be very rapid. As we will need at least 24 hours notice for shipping semen, timely receipt of the results is important. Great communication between our office, your office, and your client is critical at this point to achieve a successful breeding. Your client will appreciate having someone who knows their dog handle the blood testing.
5. The laboratory runs/does not run the tests and reports results even on evenings, weekends and holidays.
6. If the results will be received by your office on a holiday or weekend, **PLEASE CALL \_\_\_\_\_ WITH THE NAME & PHONE NUMBER OF YOUR CLIENT AND THE lab requisition number SO WE CAN RETREIVE THE RESULTS OUTSIDE OF REGULAR OFFICE HOURS.** This will keep us from having to interrupt your weekend plans.

For ANY bitch that will be anesthetized for a surgical insemination or any non-surgical bitch over 6 or with a history of chronic health problems, we recommend a complete blood panel with chemistries and CBC be drawn in advance of the procedure. If not previously run, we will run this test in house on the day of breeding. We recommend that a Brucellosis test be run prior to breeding **ANY** dog or bitch.

It is our goal to make your breeding as simple and successful as possible. Please contact us if you have any questions.

Sincerely,

\_\_\_\_\_ DVM

your hospital information here:

**C-section Discharge Instructions**

**Date** \_\_\_\_\_  
**Client** \_\_\_\_\_  
**Patient** \_\_\_\_\_

<p><b>Restraint</b></p>	<p><input type="checkbox"/> Please protect your pet when leaving the hospital by using either a leash and collar or a pet carrier. Excessive activity may result in injury, or a slower recovery than we would expect from a pet that is kept quiet during the healing process.</p> <p><input type="checkbox"/> Please remove the bandage covering the IV site on your pet's front leg upon arrival home.</p>
<p><b>Food and Water</b></p>	<p>With the excitement of returning home, your pet may be inclined to drink and eat excessively, which will most likely result in vomiting. <b>To avoid this, we ask that you remove your pet's food and water dishes for an hour until your pet has settled down. Then, only allow small amounts of food and water for the first day home.</b></p> <p><input type="checkbox"/> Offer only half your pet's normal food and water tonight. Normal feeding may resume tomorrow.</p> <p><input type="checkbox"/> Do not offer food/water until _____.</p> <p><input type="checkbox"/> Feed _____ times a day.</p> <p><input type="checkbox"/> Offer _____ to drink _____ times a day.</p> <p><input type="checkbox"/> Tube feed your puppies _____ cc/ml _____ times a day with _____.</p> <p>See handout. Keep them in a warm location. Their rectal temperature should be 96 to 98° F prior to feeding.</p>
<p><b>Eliminations</b></p>	<p><input type="checkbox"/> Your pet may need to be reminded to go outside to urinate during the first evening home. Many patients may not have a bowel movement for 24 to 36 hours after surgery. This is normal.</p> <p><input type="checkbox"/> The puppies may need to be stimulated to urinate and defecate until mom is ready to care for them.</p> <p><input type="checkbox"/> The pup's urine should be very pale yellow in color and the stools should be soft, yellow and seedy looking.</p>
<p><b>Exercise and Activity</b></p>	<p><input type="checkbox"/> Patients recovering from surgery or illness need limited activity to heal properly. Due to the effects of anesthesia, your pet may be groggy for the next 12 hours. Avoid access to stairs or situations that may lead to injury during this time.</p> <p><input type="checkbox"/> Your pet may resume normal activity in _____ days.</p> <p><input type="checkbox"/> NO swimming, bathing or grooming for 10 to 14 days.</p> <p><input type="checkbox"/> Your pet should be confined indoors, and taken outside on a short leash only for eliminations for _____ days.</p> <p><input type="checkbox"/> We recommend that you DO NOT leave your bitch unattended with the puppies until you are certain that she will not harm them.</p> <p><input type="checkbox"/> The pups should have their temperatures taken, urine color checked and weighed once daily at the same time every day.</p> <p><input type="checkbox"/> Early Neurologic Stimulation should be performed from day 3 to day 16 once daily on the pups.</p>
<p><b>Medications</b></p>	<p><input type="checkbox"/> If dispensed, it is important to carefully follow the directions that are printed on the label.</p> <p><input type="checkbox"/> No medications dispensed.</p> <p><input type="checkbox"/> Medications dispensed for post op discomfort _____.</p> <p>Next dose due _____.</p> <p><input type="checkbox"/> Medications dispensed for increasing milk production Reglan® or Domperidone.</p> <p><input type="checkbox"/> Next dose _____ cc /tabs _____ times a day due at _____.</p> <p><input type="checkbox"/> Additional meds: _____.</p> <p>Next dose due _____.</p> <p><input type="checkbox"/> Worm the puppies &amp; bitch once every other week with Strongid® for mom &amp; Nemex® for pups starting at 2 weeks of age.</p> <p><input type="checkbox"/> <b>DO NOT ADMINISTER ASPIRIN WITHIN 2 WEEKS OF THE ABOVE PRESCRIBED MEDICATION</b></p>

<b>Sutures and Bandages</b>	<p>In order for incisions to heal, your pet must not lick at the sutures, or the incision site. If your pet is licking, please notify us immediately. Please check the incision twice daily for any redness, swelling, or discharge. If it appears irritated or infected, please notify us immediately. Rechecks of post-op patients will be at no charge during regular office hours.</p> <p><input type="checkbox"/> Sutures/staples need to be removed 10 to 14 days after surgery. A short appointment is needed.</p> <p><input type="checkbox"/> Sutures are underneath the skin/gums, and will absorb over the next several weeks. They do not need to be removed.</p> <p><input type="checkbox"/> Apply warm compress to the surgical site 3 times daily for 10 minutes each time.</p> <p><input type="checkbox"/> Apply Tincture of Iodine to the umbilicus of each puppy 2 hours, 8 hours and 24 hours after birth.</p> <p><input type="checkbox"/> Clean the incision with hydrogen peroxide if necessary.</p>
<b>Appointments</b>	<p>Please make an appointment for the following:</p> <p><input type="checkbox"/> Suture removal in 10 to 14 days.</p> <p><input type="checkbox"/> Dewclaw removal and/or tail docks in _____ days. Appointment Time _____</p> <p><input type="checkbox"/> Vaccinations and health exams in _____ weeks. Appointment Time _____</p>
<b>Monitor</b>	<p>A decrease in activity and/or appetite for the first 24 to 36 hours may be observed. However, if your pet exhibits any of the following symptoms, please notify the clinic immediately:</p> <p><input type="checkbox"/> Loss of appetite for over 36 hours <span style="float: right;"><input type="checkbox"/> Weakness or depression</span></p> <p><input type="checkbox"/> Refusal to drink for over 24 hours <span style="float: right;"><input type="checkbox"/> Vomiting and/or diarrhea</span></p> <p><input type="checkbox"/> The vaginal discharge should be small amounts of thick blood, changing to gray. If it is excessive or has a foul odor, call us.</p>
<b>Special Instructions</b>	<p>_____</p>

AS ALWAYS, PLEASE CALL IF YOU HAVE ANY QUESTIONS OR CONCERNS.

Phone \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE ABOVE DISCHARGE INSTRUCTIONS. THE DOCTORS AND STAFF HAVE ANSWERED MY QUESTIONS TO MY SATISFACTION.

\_\_\_\_\_(Signature of owner or authorized agent)

DISCHARGE BY:

Doctor \_\_\_\_\_  Staff \_\_\_\_\_  Medication \_\_\_\_\_

Clinic name here

**Pre-Natal Care for \_\_\_\_\_**

Congratulations on completing your planned breeding. Her ovulation date was \_\_\_\_\_ and she was bred on \_\_\_\_\_.

Please feed \_\_\_\_\_ a high quality commercially prepared pregnancy or puppy food. Monitor her intake carefully for the first 5 weeks of her pregnancy to avoid excessive weight gain. It is common for many pregnant dogs to have a decrease in their appetite for a meal or two at the 3rd to 5th week of pregnancy. Please contact us if she refuses more than 3 meals. After the 5th week, she can have her meals increased to meet the demands of her pregnancy. We do not endorse feeding a raw meat diet or adding supplements to the diet during pregnancy as these can lead to a variety of health concerns. Please do not administer vaccines or any medications to your pet unless your veterinarian has prescribed them knowing she is bred - even ear drops can be dangerous during pregnancy if they contain a steroid.

So we can monitor her pregnancy, please make an appointment for the following:

- Suture removal in 10 to 14 days \_\_\_\_\_.
- Ultrasound in 26 to 30 days \_\_\_\_\_.
- Panacur should be used once daily from day 42 of pregnancy through day 14 of lactation to reduce the parasite load in the pups.
- X-rays in 55 to 60 days for puppy size, count and position \_\_\_\_\_.
- Surgery appointment for a scheduled C-section on \_\_\_\_\_.
- Her predicted date to whelp is \_\_\_\_\_. A rectal temperature of less than 99 degrees indicates she could whelp at any time.
- Please call for assistance if you see green, red, or black discharge prior to the delivery of the first pup, hard straining for over 1 hour with no pup delivered, more than 3 hours between pups, or any other concern that her labor is not progressing normally.
- The pups should be wormed every 2 weeks starting at 2 weeks of age. Examination and vaccinations should be done at 8 weeks of age, prior to placing in new homes.

As always, please call if you have any questions. Phone number \_\_\_\_\_.

Please feel free to contact \_\_\_\_\_ on our staff for assistance.

## DISCHARGE CANINE SURGICAL INSEMINATION

<b>DATE:</b>	<b>PATIENT'S NAME:</b>	<b>OWNER'S NAME:</b>
<b>Restraint</b>	<input type="checkbox"/> Please protect your pet when leaving the hospital by using either a leash and collar or a pet carrier. Excessive activity may result in injury, or a slower recovery than we would expect from a pet that is kept quiet during the healing process. <input type="checkbox"/> <b>Do not lift your bitch with pressure under her abdomen as this is painful and may lead to semen escaping from her uterus.</b> <input type="checkbox"/> Please remove the bandage covering the IV site on your pet's front leg upon arrival home.	
<b>Food and Water</b>	With the excitement of returning home, your pet may be inclined to drink and eat excessively, which will most likely result in vomiting. <b>To avoid this, we ask that you remove your pet's food and water dishes for an hour until your pet has settled down. Then, only allow small amounts of food and water for the first day home.</b> <input type="checkbox"/> Offer only half your pet's normal food and water tonight. Normal feeding may resume tomorrow. <input type="checkbox"/> Often, there is a decrease in appetite 3 to 5 weeks after breeding. If your bitch refuses more than 3 meals, contact us. <input type="checkbox"/> Feed your pet her normal diet. We recommend puppy or pregnancy. Upon confirmation of pregnancy, increase meal size by 20% but do not allow your dog to gain excessive weight during her pregnancy.	
<b>Eliminations</b>	Your pet may need to be reminded to go outside to urinate during the first evening home. As she received IV fluids today, she may need to urinate more than usual tonight. Many patients may not have a bowel movement for 24 to 36 hours after surgery. This is normal.	
<b>Exercise and Activity</b>	Patients recovering from surgery or illness need limited activity to heal properly. Due to the effects of anesthesia, your pet may be groggy for the next 12 hours. Avoid access to stairs or situations that may lead to injury during this time. <input type="checkbox"/> Your pet may resume normal activity in 5 days. <input type="checkbox"/> NO swimming, bathing or grooming for 10 to 14 days. <input type="checkbox"/> Your pet should be confined indoors, and taken outside on a short leash only for eliminations for 3 days. <input type="checkbox"/> Licking damages surgical sites and slows wound healing. Contact us if your pet is licking the surgical incision or IV site.	
<b>Medications</b>	If dispensed, it is important to carefully follow the directions that are printed on the label. <input type="checkbox"/> No medications dispensed. <input type="checkbox"/> Please use the Betadine® on the enclosed gauze pads twice a day to cleanse the incision until healed. <input type="checkbox"/> Medications dispensed for _____. Next dose due _____ <input type="checkbox"/> Over-the-counter meds: _____. Next dose due _____ <input type="checkbox"/> Over-the-counter meds: Aspirin Adult/Baby      tabs      times per day. Next dose due _____ <input type="checkbox"/> <b>DO NOT USE ASPIRIN WITHIN 2 WEEKS OF THIS USING THIS MEDICATION</b>	

<b>Sutures and Bandages</b>	<p>In order for incisions to heal, your pet must not lick at the sutures, or the incision site. If your pet is licking, please notify us immediately. Please check the incision twice daily for any redness, swelling, or discharge. If it appears irritated or infected, please notify us immediately. Rechecks of post-op patients will be at no charge during regular office hours.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sutures/staples need to be removed 10 to 14 days after surgery. A short appointment is needed.</li> <li><input type="checkbox"/> Sutures are underneath the skin, and will absorb over the next several weeks. They do not need to be removed.</li> <li><input type="checkbox"/> Apply warm compress to the surgical site 3 times daily for 10 minutes each time. <b>Mild redness and swelling around the incision site is common post-op in surgical insemination patients,</b></li> </ul>
<b>Appointments</b>	<p>Please make an appointment for the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suture removal in 10 to 14 days.</li> <li><input type="checkbox"/> Ultrasound exam in 26-30 days.</li> <li><input type="checkbox"/> X-rays in 55-60 days for puppy size &amp; count</li> <li><input type="checkbox"/> Progesterone level on _____ to aid in scheduling your bitch's planned C-section</li> <li><input type="checkbox"/> <b>Plan for a C-section if you expect 1-2 pups, over 10 pups, have a breed at risk or she has needed a previous C-section on _____</b></li> <li><input type="checkbox"/> <b>PREDICTED DATE TO WHELP (63 days from Ovulation) _____</b></li> </ul>
	<p>A decrease in activity and/or appetite for the first 24 to 36 hours may be observed. However, if your pet exhibits any of the following symptoms, please notify the clinic immediately:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of appetite for over 36 hours</li> <li><input type="checkbox"/> Refusal to drink for over 24 hours</li> <li><input type="checkbox"/> Vomiting and/or diarrhea</li> <li><input type="checkbox"/> Weakness or depression</li> </ul>
<b>Special Instructions</b>	

Clinic Name Here

## **INSEMINATION PROCEDURE FOR FRESH COOLED SEMEN**

**THE ENCLOSED SEMEN IN VIALS SHOULD BE PLACED IN THE REFRIGERATOR UPON ARRIVAL ...  
DO NOT WARM OR FREEZE**

**PLEASE CONFIRM THE NAME OF THE OWNER AND STUD DOG CORRESPOND TO THAT YOU  
HAVE REQUESTED SEMEN FROM.**

Enclosed please find fresh semen extended from \_\_\_\_\_ (registered and/or call name of  
dog \_\_\_\_\_ (breed) owned by \_\_\_\_\_.

His sperm count prior to the addition of extender is \_\_\_\_\_ x 10<sup>6</sup> with \_\_\_\_\_ % motility  
and \_\_\_\_\_ % normal.

The litter registration papers are:

enclosed     will be sent under separate cover by the stud dog owner.

1. Examine one drop of the shipped semen on a warmed microscope slide. Leave the rest of the semen refrigerated. Evaluate the semen drop looking for sperm motility gradually changing from slow, sideward movement to rapid forward motility.
2. Attach the enclosed AI rod to the syringe and draw up the entire contents of the vial, without warming the semen. Let the bitch's body warm the semen.
3. When ready to proceed with the insemination, stand the bitch comfortably with an assistant or owner holding the head and supporting the hindquarters on their lap, with no pressure under the abdomen, or on a stairs or ramp. Gently, insert the rod dorsally, then cranially into the vagina and slowly push on the syringe plunger. Use only 1/2 cc of air to empty the AI rod. **AVOID THE USE OF TOO MUCH AIR!**
4. Withdraw the rod and internally or externally feather the bitch, simulating a tie. Avoid the use of latex in any contact with the semen. Keep her elevated, feather her for 5 to 6 minutes.
5. Crate the bitch for 30 minutes after insemination and do not allow her to urinate for 1 hour after insemination. Do not let her jump up for several hours.
6. If you have any questions, please call us.





**Neonate/Pediatric Sick Puppy SOAP:**

Pet name \_\_\_\_\_ Pet ID \_\_\_\_\_ Age: \_\_\_\_\_ d/w/m/y  
Client name \_\_\_\_\_ Client # \_\_\_\_\_ Date \_\_\_\_\_

**SUBJECTIVE:**

Owner's concerns: \_\_\_\_\_

Last normal on \_\_\_\_\_ First symptom noted: \_\_\_\_\_

Other pets in litter/household affected/normal? \_\_\_\_\_

Human family members?: \_\_\_\_\_

**How is your puppy's . . . ?**

Attitude & Behavior: Normal/ Lethargic/ Depressed/ Overactive/Weak \_\_\_\_\_ days

Appetite: Normal/ Nursing/ Nursing a little/ Not nursing/ Eating a little/ Eating only table food/ Refusing all food \_\_\_\_\_ hours/days

Drinking: Normal/ Increased/ Decreased/ None \_\_\_\_\_ hours/days

Vomiting: Y/N Acute/ Chronic(<7d/>7d) \_\_\_\_\_ hours/days Regurgitation: Y/N \_\_\_\_\_ hours/days

Appearance of Vomitus: Phlegm/ Blood/ Bile/ Parasites/ Food/Shape \_\_\_\_\_/ Hair/ Feces/ Odor

Duration \_\_\_\_\_ Frequency \_\_\_\_\_ Time/hrs after eating: Varies/On empty stomach/Morning/ Evening/ \_\_\_\_\_ hrs after meal

Stools: Normal/None/Diarrhea/Constipated \_\_\_\_\_ days

Diarrhea: Y/N Appearance of Stool: pasty/seedy/Blood Color: green-black-brown-yellow-white

\_\_\_\_\_ Parasites \_\_\_\_\_/Hair/Mucus/Contents \_\_\_\_\_

Normal/Hard/Soft/Pudding/Runny/Watery/None/Other \_\_\_\_\_

Frequency \_\_\_\_\_/day Size: Normal/small amounts/large Straining

Weight: Normal/Increased/Decreased \_\_\_\_\_ oz/kg/lbs

Cardiovascular: Normal/Panting/Coughing/Sneezing/Nasal discharge/Ocular Discharge \_\_\_\_\_

Other: \_\_\_\_\_ hours/days

OTHER SYMPTOMS: None/ Lethargic/ PU-PD/ No urine/ Weak/ Panting/ Cough/ Retch/ Gag/ Sneeze/ Bloating/ Pain/ Haircoat changes

PREVIOUS RELATED ILLNESS: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

PREVIOUS BLOODWORK/FECAL: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

CURRENT or RECENT MEDICATIONS: Y/N Response?: \_\_\_\_\_ DETAILS \_\_\_\_\_

WORMING HISTORY: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

VACCINATION HISTORY: Current/None/Overdue

TRAVEL HISTORY: \_\_\_\_\_ DETAILS \_\_\_\_\_

BEHAVIOR CHANGES: \_\_\_\_\_

POSSIBLE CAUSES?: Diet change/Table scraps/Bones/Fat/Garbage/Plants/Item chewed  
Chemicals/foreign objects/Dead animal/Clothing/Missing toy etc  
Unsupervised indoors or outdoors/changes in household

**OBJECTIVE:** T \_\_\_\_\_ (96°-102.5°) HR \_\_\_\_\_ (100-250) RR \_\_\_\_\_ CRT \_\_\_\_\_ HYDRATION EST \_\_\_\_\_

MM: Normal Moist/ Dry/ tacky/ Pigmented/ Pink/ Pale/ Very pale/ Cyanotic/ Jaundice /Drooling

Status: Normal weight/ Thin/ Overweight/ Obese/ Painful/ Depressed/ Dehydrated/ Lateral recumbency/ Nonresponsive

Mouth/Throat: Normal/ Cleft palate/ Brachygnathic? Y/N (normal)/ Glossitis/ Ulcers/Pharyngitis/Tonsillitis/  
Foreign body  
Under tongue: Normal/ Foreign body/ Can't examine  
Skull: Open fontanelle Y/N \_\_\_\_\_ cm x \_\_\_\_\_ cm  
Nares: Normal/Discharge \_\_\_\_\_ Stenotic R/L Cleft nares R/L  
Dental exam: Normal Retained Primary Teeth Malocclusion Gingivitis Y/N grade \_\_\_\_\_  
Teething \_\_\_\_\_  
Heart sounds: Normal/ Murmur Grade \_\_\_\_\_ / Gallop/ Muffled/ Arrhythmia \_\_\_\_\_  
Lung sounds: Normal/Clear Crackles R/L Rales R/L Edema Congested R/L Other \_\_\_\_\_  
Tracheal cough/ Dyspnea/ Labored/ Open mouth breathing/ Distress  
Lymph nodes: Normal Enlarged Submandibular/Generalized Peripheral \_\_\_\_\_  
Abdominal Palpation: Normal/ Overweight Enlarged organ \_\_\_\_\_  
Hernia: Umbilical/R inguinal/L inguinal Tense/ Painful No/ cranial/ caudal/ throughout/ Fluid/Other \_\_\_\_\_  
Umbilicus: Cord Present/ Absent Inflamed/ Discharge/ Herniated/ Intestines exposed  
Bowel: Rectum patent Y/N GI sounds: Normal/None/Decreased/Increased  
Urinary: Normal/ Anuric/ Dysuric/ Empty/ Full/ Hematuria/ Pollakiuria/ Pu-pd/ Stranguria/ Obstructed  
External Genitals: Female Normal Y/N/ Inverted vulva/ Clitoris/ Vaginal Discharge \_\_\_\_\_  
Male: Testes present R/L Retained R/L Penis \_\_\_\_\_ Prepuce \_\_\_\_\_  
Bladder: Full/ empty/ blocked/ stones  
Kidneys: R Normal/abnormal/not palp L Normal/abnormal/not palp  
Neuro: Open Fontanelle/Anisocoria/Head tilt/ Horner's/Nystagmus/Ataxia/Paresis/Paralysis/Seizures  
Proprioception: RF LF RR LR Normal/Decreased  
Other: \_\_\_\_\_  
Eye exam: Normal Visual? Y/N Conjunctivitis OD OS Chemosis OD OS  
Corneal Ulcer OD OS Distichia OD OS Discharge OD OS \_\_\_\_\_ Entropion/Ectropion OD  
OS FB OD OS PPMs OD \_\_\_\_\_ OS \_\_\_\_\_  
Schirmer OD \_\_\_\_\_ OS \_\_\_\_\_ IOP OD \_\_\_\_\_ OS \_\_\_\_\_ Nictitans Everted  
Follicular Conjunctivitis OD \_\_\_\_\_ OS Neonatal ophthalmia OD \_\_\_\_\_ OS \_\_\_\_\_  
Ears: Normal Auditory? Y/N Discharge R/L \_\_\_\_\_ Mites Y/N  
Musculoskeletal: Gait: \_\_\_\_\_ Lameness/ Patellar Palpation RR/LR Ortolani R/L

**ASSESSMENT/PRIMARY RULEOUTS:** Other \_\_\_\_\_

**PROGNOSIS:** Excellent Good Guarded Fair Poor Grave

**PLAN:** CBC/CS UA FECAL Giardia Culture Parvo Other \_\_\_\_\_

**Rads:** VD/LATERAL THORAX/ABD Ultrasound OTHER \_\_\_\_\_

**TREATMENT OPTIONS:**

Outpatient Recommended by Dr./Owner declined hospitalization(AMA)  
Inpatient Recommended by Dr./Medically appropriate/Owner request  
Referral \_\_\_\_\_

**TEST RESULTS:** \_\_\_\_\_

**SURGERY:** \_\_\_\_\_ See anesthesia/surgery report

**HOSPITALIZE:**

Fluids: IV \_\_\_\_\_ cc/hr Total Dose \_\_\_\_\_  
SQ \_\_\_\_\_ CC/DOSE \_\_\_\_\_ X/DAY Total dose \_\_\_\_\_

Injections: \_\_\_\_\_ cc \_\_\_\_\_ route \_\_\_\_\_ x/day  
\_\_\_\_\_ cc \_\_\_\_\_ route \_\_\_\_\_ x/day  
\_\_\_\_\_ cc \_\_\_\_\_ route \_\_\_\_\_ x/day  
\_\_\_\_\_ cc \_\_\_\_\_ route \_\_\_\_\_ x/day

Oral Meds: \_\_\_\_\_ cc/tab/capsule PO \_\_\_\_\_ x/day  
\_\_\_\_\_ cc/tab/capsule PO \_\_\_\_\_ x/day  
\_\_\_\_\_ cc/tab/capsule PO \_\_\_\_\_ x/day  
\_\_\_\_\_ cc/tab/capsule PO \_\_\_\_\_ x/day

Feeding: NPO/BABY FOOD/ID/AD/LOW RESIDUE/MAX CAL/OTHER \_\_\_\_\_  
\_\_\_\_\_ Can/cups/cc \_\_\_\_\_ X/DAY

Feeding tube/force feeding/hand feeding

Drinking: Water/Ice/Electrolytes \_\_\_\_\_ amount \_\_\_\_\_ x/day

**DISCHARGE/FOLLOW UP:** \_\_\_\_\_

**HANDOUTS:** \_\_\_\_\_

**DISPENSED:** Meds \_\_\_\_\_

Diet \_\_\_\_\_

Other \_\_\_\_\_

**DOCTOR** \_\_\_\_\_ **Technician** \_\_\_\_\_

## Breeding Soundness SOAP

Pet name \_\_\_\_\_ Client name \_\_\_\_\_ Client # \_\_\_\_\_ Pet ID # \_\_\_\_\_  
Date \_\_\_\_\_  
Pet's Registered name \_\_\_\_\_ Reg. Number \_\_\_\_\_ Microchip# \_\_\_\_\_  
DNA completed Y/N Date of last Brucella test \_\_\_\_\_ Test run – RSAT/Culture/AGID/PCR  
Name of Owner/Stud dog/Bitch to be bred to \_\_\_\_\_  
Day this heat cycle began \_\_\_\_\_ Is AI being done at our clinic? Y/N  
Plan to use: Natural/ Fresh AI/ Fresh chilled AI/ Vaginal/ TCI/ Surgical

### SUBJECTIVE:

Reason for Visit: \_\_\_\_\_  
Describe your pet's overall health \_\_\_\_\_  
Appetite: Normal/Eating a little/Eating only treats/Eating only table food/Refusing all food \_\_\_\_\_ days  
Drinking & Urination: Normal/Increased/Decreased/None \_\_\_\_\_ days  
Vomiting: None/Describe \_\_\_\_\_ days  
Attitude: Normal/Lethargic/Depressed/Overactive/Weak \_\_\_\_\_ days  
Weight: Normal/Increased/Decreased \_\_\_\_\_  
Stools: Normal/None/Diarrhea/Constipated \_\_\_\_\_ days  
Cardiovascular: Normal/ Panting/ Coughing/ Sneezing/ Nasal discharge/ Ocular discharge \_\_\_\_\_ days  
Other: \_\_\_\_\_ days

PREVIOUS ILLNESS: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_ MEDS \_\_\_\_\_

PREVIOUS BLOODWORK/FECAL: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

Brucella \_\_\_\_\_ / Progesterone \_\_\_\_\_ / Thyroid \_\_\_\_\_

Culture \_\_\_\_\_ / Other \_\_\_\_\_

CURRENT MEDICATIONS: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

WORMING HISTORY: Y/N \_\_\_\_\_ DETAILS \_\_\_\_\_

VACCINATION HISTORY: Current/None/due for DHLPP on \_\_\_\_\_ / RABIES due on \_\_\_\_\_

TRAVEL HISTORY: \_\_\_\_\_ DETAILS \_\_\_\_\_

BEHAVIOR CHANGES: \_\_\_\_\_

Other pets in household? Y/N/SEX \_\_\_\_\_ Health status of others in household \_\_\_\_\_

PREVIOUS BREEDING HISTORY:

FEMALE: First breeding/Previously bred on \_\_\_\_\_ /route \_\_\_\_\_

Outcome \_\_\_\_\_

Timing: None/Male/Vag cyt/Progesterone \_\_\_\_\_

Evaluated on palpation/ultrasound/x-ray

MALE: First/Last breeding dates/ \_\_\_\_\_ / route \_\_\_\_\_

Outcome \_\_\_\_\_ Semen Analysis date/results \_\_\_\_\_

**OBJECTIVE:** T \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ CRT \_\_\_\_\_ HYDRATION EST \_\_\_\_\_

MM: Normal Moist Dry/tacky Pigmented Pink Pale Very pale Cyanotic Jaundice

Status: Normal weight/Thin/Overwt/Obese Painful/Depressed/Dehydrated/Lateral rec/Nonresponsive

Mouth/Throat: Can't examine Normal Other \_\_\_\_\_

Dental exam: Normal Tartar Y/N grade \_\_\_\_\_ Gingivitis Y/N grade \_\_\_\_\_ Teething Fractured teeth \_\_\_\_\_

Eye Exam: Normal Other: \_\_\_\_\_  
Ear exam: Normal/NE/Otitis/\_\_\_\_\_  
Heart sounds: Normal/Murmur Grade\_\_\_\_\_/ Gallop/ Muffled/ Arrhythmia\_\_\_\_\_  
Lung sounds: Normal/Other \_\_\_\_\_  
Lymph nodes: Normal Enlarged/Generalized Peripheral\_\_\_\_\_  
Abdominal Palpation: Normal Overweight Tense Enlarged organ\_\_\_\_\_ Painful Fluid Other\_\_\_\_\_  
Urinary: Normal/Anuric/Dysuric/Empty/Full/Hematuria/Pollakiuria/Pu-pd/Stranguria/Obstructed  
Neuro: WNL/ Proprioception: RF LF RR LR Normal/decreased Other \_\_\_\_\_  
Othopedic:\_\_\_\_\_  
Rectal: Prostate Normal/Enlarged/Symmetrical/Asymmetrical/NE/\_\_\_\_\_  
Testes: R Normal/ \_\_x\_\_x\_\_ cm diam/Enlarged/Small/Texture\_\_\_\_\_/Epididymis/Spermatic Cord\_\_\_\_\_  
L Normal/ \_\_x\_\_x\_\_ cm diam/Enlarged/Small/Texture\_\_\_\_\_/Epididymis/Spermatic Cord\_\_\_\_\_  
Prepuce: Normal/NE/\_\_\_\_\_/Penis: Normal/NE/\_\_\_\_\_  
Vaginal Exam:\_\_\_\_\_  
Mammary glands:\_\_\_\_\_  
OFA/PENN HIP HISTORY\_\_\_\_\_  
Eye Registry HISTORY\_\_\_\_\_  
OTHER SCREENING\_\_\_\_\_  
Breeding Counseling\_\_\_\_\_

**PLAN:** CBC/CS UA FECAL T4/THYROID CULTURE – source \_\_\_\_\_  
ULTRASOUND BIOPSY/Needle Aspirate SEMEN ANALYSIS\_\_\_\_\_  
VAG CYT\_\_\_\_\_ Vaginoscopy\_\_\_\_\_  
Brucellosis serology/culture  
PROGESTERONE QUANTITAVE/SEMIQUANTITATIVE ESTROGEN TESTOSTERONE  
CHROMOSOME ANALYSIS OTHER\_\_\_\_\_  
Rads: VD/LATERAL THORAX/ABD OTHER\_\_\_\_\_  
Ultrasound\_\_\_\_\_ Referral\_\_\_\_\_

**BREEDING PLAN:**

Natural Fresh AI Fresh Chilled AI Frozen semen Surgical insemination/TCI Location: Here/Recipient\_\_\_\_\_  
Semen/stud dog located at\_\_\_\_\_/Semen to be received\_\_\_\_\_  
SHIPPING ADDRESS\_\_\_\_\_  
BILLING ADDRESS\_\_\_\_\_  
Shipping arranged for BY OWNER OF DOG/ BITCH Package ID number\_\_\_\_\_ FedEx/UPS/Post  
office/other  
SHIPPING BOX PROVIDED BY Shipping Veterinarian/RECIPIENT  
PLAN:\_\_\_\_\_

Date:\_\_\_\_\_ Progesterone\_\_\_\_\_ Vag Cyt\_\_\_\_\_  
Date:\_\_\_\_\_ Progesterone\_\_\_\_\_ Vag Cyt\_\_\_\_\_  
Date:\_\_\_\_\_ Progesterone\_\_\_\_\_ Vag Cyt\_\_\_\_\_  
Date:\_\_\_\_\_ Progesterone\_\_\_\_\_ Vag Cyt\_\_\_\_\_  
BREEDING DATES:\_\_\_\_\_  
ULTRASOUND DATE:\_\_\_\_\_ X-RAY DATE:\_\_\_\_\_

SURGERY: \_\_\_\_\_ See anesthesia/surgery report  
 WHELP DATE: \_\_\_\_\_ CESAREAN Y/N \_\_\_\_\_ NUMBER OF PUPS \_\_\_M\_\_\_F  
 DISCHARGE/FOLLOW UP: \_\_\_\_\_  
 HANDOUTS: \_\_\_\_\_  
 Meds \_\_\_\_\_ Diet \_\_\_\_\_ Other \_\_\_\_\_  
 OWNER'S NAME \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_  
 EXP DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 DOCTOR \_\_\_\_\_ ESTIMATE: \_\_\_\_\_  
 BILLING COMPLETED \_\_\_\_\_ (DATE) \_\_\_\_\_ (STAFF INITIALS)  
 BOX CONTENTS CHECKLIST:  
 SEMEN     AI PIPETTE     SYRINGE     INSEMINATION DIRECTIONS     ICE PACKS  
 RETURN SHIPPING LABEL AND LETTER     AKC LITTER REGISTRATION

Semen Analysis: Date \_\_\_\_\_

PERCENT MOTILITY \_\_\_% Speed Of Progression: 0 1 2 3 4 5 COLOR \_\_\_\_\_ VISCOSITY 1 2 3 4

VOLUME of Sperm Rich Fraction: (1) \_\_\_\_\_ ML x SPERM COUNT/ML (2) \_\_\_\_\_ x 10<sup>6/9</sup> =  
 TOTAL SPERM COUNT (3) \_\_\_\_\_ x 10<sup>6/9</sup>

ABNORMAL MORPHOLOGY \_\_\_% NORMAL \_\_\_\_\_% (4)

(MULTIPLY SPERM COUNT /ML (1) x VOLUME IN ML (2) = TOTAL SPERM COUNT = (3)

TOTAL NORMAL SPERM CELLS x 10<sup>6/9</sup> \_\_\_\_\_(5)

(MULTIPLY TOTAL SPERM COUNT (3) x % NORMAL + Immature MORPHOLOGY (4) = TOTAL NORMAL SPERM CELLS) (5) \_\_\_\_\_

**Morphology**

Head Defects: \_\_\_\_\_% Midpiece Defects: \_\_\_\_\_% Tail Defects: \_\_\_\_\_%

Total Normal: \_\_\_\_\_%

Other: White Blood Cells \_\_\_\_\_ per 400x Red Blood Cells \_\_\_\_\_ per 400 x Cellular Debris light  
 moderate heavy

Extender Used/Volume \_\_\_\_\_ Comments \_\_\_\_\_

Clinician \_\_\_\_\_ Technician \_\_\_\_\_







# CANINE CESAREAN SECTION SURGERY REPORT

Your Hospital Name here:

Date \_\_\_\_\_  
 Clients name \_\_\_\_\_  
 Pet's name \_\_\_\_\_  
 Client number \_\_\_\_\_

PATIENT LABEL

Vital Signs:		TEMP F PULSE/ MIN _____ MM/Refill _____	RESP/MIN _____	BP _____ Hydration _____ AGE _____	Weight today: _____ Lb/kg Weight at breeding: _____ Lb/kg
	ET TUBE	SIZE	FR/MM	IV Cath size: g	Site:
Drugs:	DOSE mg or ml administered:	Dosage calculation:	ROUTE	TIME	RESPONSE
Solu-Medrol		1 cc/62 pounds BW of 125 mg/2 ml per vial	IV slow		
Atropine		1 cc/ 20 pounds BW of 1/120 gr/ml	SQ		
Metoclopramide		1 cc/37 pounds BW of 5 mg/ml	SQ		
Calcium (must be labeled for SQ use)		1 cc/10 pounds BW of 0.9 mEq/10 ml)	SQ in 2 sites		
Other					

Pre-surgical blood work was completed on \_\_\_\_\_ at \_\_\_\_\_  
 Lab and was within normal limits/ \_\_\_\_\_.  
 The EKG was WNL/ \_\_\_\_\_.  
 The first day of estrus was \_\_\_\_\_ Bred on \_\_\_\_\_  
 Ovulation Date Estimated \_\_\_\_\_ Predicted to whelp on: \_\_\_\_\_  
 Bred by Natural/Vaginal AI/TCI/Surgical using Fresh/Fresh chilled/ Frozen semen  
 Ultrasound revealed: \_\_\_\_\_ Radiographs revealed: \_\_\_\_\_  
 (See Table 6-2 and Appendix A-5 for sequence of events.)

## Description of surgical procedure:

The dog was assessed for overall condition and labor and found to be \_\_\_\_\_.  
 An IV catheter was placed, the hair was clipped with a 40 Oster clipper. The dog was anesthetized with \_\_\_\_\_ and placed in dorsal recumbency. A sterile prep with Nolvasan® and sterile drape was applied. A ventral midline abdominal skin incision was made halfway between the pubis and umbilicus approximately \_\_\_\_\_ cm long with a #15 scalpel blade. The subcutaneous fat was sharply dissected off the underlying abdominal wall to clearly expose the fascia for the entire length of the skin incision to facilitate good apposition of the linea at closure. The linea was lifted up with thumb forceps, a stab incision was made thru the abdominal wall and the incision was completed with Metzenbaum scissors.

The R/L uterine horn was identified and exteriorized. An incision was made lengthwise on the antimesenteric border of the uterus. \_\_\_\_\_ (#) pups were delivered including placentas. This was repeated for the R/L horn and \_\_\_\_\_ (#) pups were delivered thru the same/new incision.  
 The incision(s) were located at: \_\_\_\_\_.

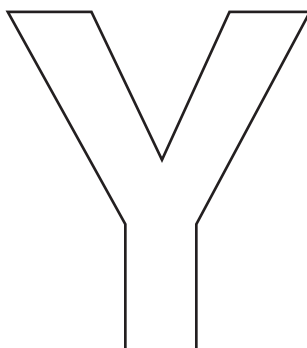
The placentas were detached/easily removed/not removed/ \_\_\_\_\_ . Resorption sites were/were not noted in R/L horn \_\_\_\_\_ . Placentas/uterine samples were retained for pathology/culture/ \_\_\_\_\_ .

The uterus was examined from vagina/cervix proximally to both ovaries to assure all pups and placentas were removed and to assess integrity. The uterine incision(s) were sutured with \_\_\_\_\_ in a continuous inverting baseball pattern. The uterine condition was \_\_\_\_\_. The abdomen was irrigated with 1 L \_\_\_\_\_ .

The abdominal wall was closed using \_\_\_\_\_ in a simple interrupted pattern in the linea. The subcutaneous layer was closed using \_\_\_\_\_ in a simple continuous pattern. The subcuticular layer was closed using \_\_\_\_\_ in a simple continuous pattern. The skin was closed using \_\_\_\_\_ in a \_\_\_\_\_ pattern.

#	ID	Suction	Spontaneous resps	Intubated	Caffeine	Dopram	APGAR 1 min	APGAR 5 min	Weight Oz/gm	Exam	Other
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Post-op recovery \_\_\_\_\_  
 Post-op pain meds by injection \_\_\_\_\_ Post-op pain meds dispensed for oral use \_\_\_\_\_  
 Discharged on \_\_\_\_\_ Condition at discharge: \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_ (Surgeon's Signature)



Date\_\_\_\_\_

PLACE PATIENT LABEL HERE

Clients name\_\_\_\_\_

Pet's name\_\_\_\_\_

Client number\_\_\_\_\_

### CANINE SURGICAL INSEMINATION SURGERY REPORT

#### Description of surgical procedure:

Presurgical blood work was completed on \_\_\_\_\_ at \_\_\_\_\_ Lab and was within normal limits. The EKG was WNL.

The first day of estrus was \_\_\_\_\_ Ovulation Date Estimated\_\_\_\_\_ AM/PM

Progesterone Levels were:

Date	Time	Result	ng/dl	Laboratory
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
	AM/PM		ng/dl	Lab_____
				Ovulation Date Estimated
				Breeding Planned
				Whelping Date Estimated

At \_\_\_\_\_(time) on \_\_\_\_\_ (date), the dog was anesthetized with \_\_\_\_\_ and placed in dorsal recumbency with her caudal end elevated slightly above her cranial end. The hair was clipped with a 40 Oster clipper. A sterile prep with Nolvasan and sterile drape was applied. A ventral midline abdominal skin incision was made between the 3rd and 4th/ 4th and 5th nipples\_\_\_\_\_ cm long with a #15 scalpel blade/laser using a scalpel handle as a shield. The subcutaneous fat was sharply dissected off the underlying abdominal wall to clearly expose the fascia for the entire length of the skin incision to facilitate good apposition of the linea at closure. The linea was lifted up with thumb forceps, a stab incision was made thru the abdominal wall and the incision was completed with Metzenbaum scissors.

The uterine body was identified and exteriorized, and both uterine horns were partially exteriorized so as to visualize them. Ovaries were/were not visualized/palpated. The uterus was/was not normal\_\_\_\_\_

Diagnostics \_\_\_\_\_.

Fresh/Fresh chilled shipped semen/Frozen was used from stud dog\_\_\_\_\_ owned\_\_\_\_\_ Sperm count\_\_\_\_\_ % motility **OR**

The frozen semen vial number used was\_\_\_\_\_ from ICSB/ICG-Synbiotics/Camelot/Canine Cryobank/\_\_\_\_\_ from \_\_\_\_\_ Veterinary Hospital in \_\_\_\_\_.

The semen was thawed according to the freezing centers enclosed guidelines using\_\_\_\_\_ as thaw media.

The semen had an estimated \_\_\_\_\_% motility with \_\_\_\_\_ speed of progression and \_\_\_\_\_ estimated % dead or immotile. (read by \_\_\_\_\_ Initials)

The uterine body was held off with digital pressure distal to the puncture site. A syringe with a 20 gauge catheter was used to introduce the semen into the uterine body/uterine horn just distal to the ovary directing the semen into both horns. Pressure was maintained for 1 minute. The uterus was then gently re-placed into the abdominal cavity while maintaining a digital barrier to the outflow of semen.

The abdominal wall was closed using \_\_\_\_\_ in a simple interrupted pattern in the linea.  
The subcutaneous layer was closed using \_\_\_\_\_ in a simple continuous pattern. The subcuticular layer was closed using \_\_\_\_\_ in a simple continuous pattern. The skin was closed using \_\_\_\_\_.

Post-op recovery \_\_\_\_\_

Pre-op pain meds \_\_\_\_\_ Post-op pain meds dispensed for home use \_\_\_\_\_

Discharged on \_\_\_\_\_ Ambulatory/Carried/In carrier/ Discharged to: \_\_\_\_\_

Date calculated to whelp on (63 days from ovulation) \_\_\_\_\_

Comments \_\_\_\_\_

Staple Remover sent

\_\_\_\_\_ (Surgeon's Signature)



## CANINE UTERINE BIOPSY/CULTURE/FLUSH REPORT

Date \_\_\_\_\_  
Client's name \_\_\_\_\_  
Pet's name \_\_\_\_\_  
Client number \_\_\_\_\_  
Dr. \_\_\_\_\_ Tech \_\_\_\_\_  
See anesthesia report

PLACE PATIENT  
LABEL HERE

Presurgical blood work was completed on \_\_\_\_\_ and was/was not within normal limits.  
EKG was completed on \_\_\_\_\_ and was/was not within normal limits.  
Date first noticed estrus: \_\_\_\_\_  
Progesterone levels were:

Date	Time	Result	ng/dl	Laboratory
			ng/dl	
			ng/dl	
			ng/dl	
			ng/dl	

### Significant Reproductive History:

Number of previous estrous cycles \_\_\_\_\_  
Number of previous breedings \_\_\_\_\_ Timed? \_\_\_\_\_  
Number of previous pregnancies? \_\_\_\_\_ Number of puppies? \_\_\_\_\_

The dog was anesthetized with \_\_\_\_\_ and placed in dorsal recumbency. The hair was clipped with a 40 Oster clipper. A sterile prep with Nolvasan and sterile drape was applied. A ventral midline abdominal skin incision was made halfway between the pubis and umbilicus approximately \_\_\_\_\_ cm long with a #15 scalpel blade. The subcutaneous fat was sharply dissected off the underlying abdominal wall to clearly expose the fascia for the entire length of the skin incision to facilitate good apposition of the linea at closure. The linea was lifted up with thumb forceps, a stab incision was made thru the abdominal wall and the incision was completed with Metzenbaum scissors. The uterine body was identified and exteriorized, and both uterine horns were partially exteriorized so as to visualize them.

Ovaries were/were not visualized/palpated/normal/abnormal \_\_\_\_\_.  
The uterus was/was not normal \_\_\_\_\_.

Cysts \_\_\_\_\_ Adhesions \_\_\_\_\_.

# of biopsies done \_\_\_\_\_.

Location of biopsies \_\_\_\_\_.

Biopsy done as a wedge/with a 2/4/6 mm biopsy punch \_\_\_\_\_.

Biopsies submitted to Cornell/\_\_\_\_\_ Lab for culture/ in formalin/in Bouins\*\* \_\_\_\_\_.

Cultures taked for aerobic/anaerobic/mycoplasma culture sent to Cornell/\_\_\_\_\_ Lab

Fluid collected and submitted to Cornell/\_\_\_\_\_ Lab

The uterus was flushed through the biopsy site with a \_\_\_\_\_ Fr Red rubber feeding tube with \_\_\_\_\_ cc of LRS/Normal saline/\_\_\_\_\_ to distend the uterine horns. \_\_\_\_\_

The uterine biopsy sites were closed with 5-0 PDS suture/\_\_\_\_\_ in a Utrecht/\_\_\_\_\_

Pattern without penetration into the lumen of the uterus.

The abdomen was flushed with \_\_\_\_\_ cc LRS/Normal Saline/\_\_\_\_\_  
The abdominal wall was closed using \_\_\_\_\_ in a simple interrupted pattern in the linea.  
The subcutaneous layer was closed using \_\_\_\_\_ in a simple continuous pattern. The  
subcuticular layer was closed using \_\_\_\_\_ in a simple continuous pattern. The skin was closed  
using \_\_\_\_\_ in a \_\_\_\_\_ pattern.

Post-op recovery \_\_\_\_\_

Post-op pain meds by injection \_\_\_\_\_

Post-op pain meds dispensed for oral use \_\_\_\_\_

Other meds \_\_\_\_\_

Discharged on \_\_\_\_\_

Comments \_\_\_\_\_

Staple Remover sent

\_\_\_\_\_ (surgeon's signature)

#### Sequence of Events:

1. Presurgical blood work with/without progesterone level/Brucella/Pre-op exam
2. Premed with \_\_\_\_\_
3. Place IV catheter
4. Anesthetize with \_\_\_\_\_/ETT/ intubate/clip/prep/ move to surgery table
5. Place IV Catheter
6. Clip abdomen
7. Move to surgery table
8. Position on v-tray
9. Hook up to monitors and anesthetic machine
10. Prep for incision
11. Gown/gloves
12. Warm LRS in microwave
13. Make incision into abdominal wall
14. Evaluate uterus and ovaries
15. Make wedge or biopsy punch incisions – 3 or more if possible
16. Place 1 biopsy in sterile red top tube to grind up for culture
17. Place 1 biopsy in formalin for histopathology
18. Place 1 biopsy in sterile red top tube with Bouins\*\* (2 cc) solution for histopathology
19. Culture inside of uterus with 3 culturettes – hand to Dr. without breaking sterile field
  - Aerobic – Aimes
  - Anaerobic – Porta-cul
  - Mycoplasma – Aimes without Charcoal
20. Flush uterine horns to distend.
21. Flush abdominal cavity.
22. Close uterus and abdomen

#### Equipment Checklist

1. Biopsy punches
2. 2 Aimes culturettes without charcoal
3. 1 Porta-cul with sterile swab
4. 3 sterile red top tubes for culture, fluid and bouins solution
5. Assorted red rubber feeding tubes

6. Surgery setup: Pack, trach tube, IV cath, Propofol, tape, gauze, eye ointment, flush, patient monitor, v-tray, towel, gloves (6.5), GOWN, 15 blade, 2-0 or 3-0 cutting suture, stapler and remover
7. 35 and 60 cc catheter tip syringe – keep in case to hand to Dr. without breaking sterile field
8. Sterile Stainless steel bowl
9. 1 L warmed LRS
10. 5-0 PDS suture
11. Sterile needles to handle biopsy tissue
12. Scissors to open sterile LRS
13. Plastic cassettes for tissues in solution
14. Small container of formalin
15. Bouin's solution, 3 cc syringe to transfer to red top tube
16. Mailing box with Styrofoam liner, frozen ice pack, newspaper, parafilm, BioHazard shipping bags, Small Styrofoam sleeve to keep anaerobic culture tube away from ice pack.
17. Cornell Laboratory requisition form
18. Fine tip Sharpie permanent marker to label sample vials

\*\*Note – Bouin's must be carefully stored to prevent the solution from drying out into powder as in powder form, it has explosive properties.



