FORM #1

University Veterinary Specialists
2810 Washington Road
McMurray, PA 15317
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AGENT AUTHORIZATION FOR BITCH BREEDING

Authorized Agent (Name of person(s) bringing bitch into clinic):
Name _____ Phone _____
Address _____ Cell _____
_____ Fax _____

Bitch owner information:
Name _____ Phone _____
Address _____ Cell phone _____
_____ Work phone _____
Email _____ Fax _____

Bitch information:
Registered name _____
Call name _____
Registration club and # _____ DNA profile # _____
Breed _____ Birthdate _____
Tattoo # _____ Microchip # _____
Color _____ Markings _____

I. Requirements for bitch receiving artificial insemination:

1. **Copy of registration (AKC, UKC, etc.)**

2. **Copy of most recent Brucellosis test**
**** The bitch needs to have proof of Brucellosis in past 1 year.** We can run the Brucellosis test in-house if needed.

3. **Copy of progesterone test confirming ovulation.** We can run this in the office if needed

4. **Physical exam**
****If we have not seen the female in the past year, we require that a physical examination be done by University Veterinary Specialists to be sure she is in good health for the insemination.**

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I give my permission for the semen from _____ owned by _____
(Call name of dog)
to be inseminated into the bitch listed above using the following method:

_____Transcervical insemination

_____Vaginal insemination

_____Surgical insemination, I give agent authorization to complete surgical consent form and act on my behalf for medical decisions if I cannot be reached by phone number(s) given.

I _____authorize or _____do **not** authorize the listed agent to act on my behalf on any pertinent decisions that need to be made regarding the bitch should a problem arise and I am not able to be contacted by the phone numbers listed above.

Party responsible for payment:

_____Agent

_____I will contact the clinic with payment information.

_____ _____
Signature of bitch owner Date