STUD HEALTH / HISTORY RECORD

	Date

1. OWNER'S Name			
Address		Telephone	(H)
			(W)

2. Registration Body	AKC ☐ UKC ☐ CKC ☐ FDSB ☐	Other (list name)

3. STUD'S Call Name		Birthdate		Registration #	
Registered Name					

4. SIRE'S Registered Name		DAM'S Registered Name	
Registration No.		Registration No.	

5. Breed		Tattoo No.	
Color		Microchip No.	

6. Has he had any serious health problems? Yes ☐ No ☐	If yes, what?	When?

7. BREEDING HISTORY

a. Has he ever been used for a breeding? Yes ☐ No ☐	b. Has he ever sired a litter? Yes ☐ No ☐

c. BREEDING CHART: COMPLETE THE FOLLOWING FOR EACH BREEDING IN THE PAST 12 MONTHS

Date Bred	Call Name of Bitch Bred To	Whelped	No. of Pups (Live/Dead)		No. Weaned
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	
		Yes No	L	D	

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8. Has your dog been Brucellosis Tested within the last 6 months? Yes ☐ No ☐	Results of Test Type of test (if known)	***Note: It is recommended that a Brucella canis titer is performed within 6 months of storing frozen semen.***

THE FOLLOWING INFORMATION IS OPTIONAL, AND WILL BE KEPT CONFIDENTIAL

BREEDING-RELATED DISORDERS

9. Have you noticed any of the following signs of a reproductive disorder in your dog in the past year?

Blood in Semen ☐ Blood in Urine ☐ Enlarged Testicles ☐ Painful Testicles ☐

10. Has your dog had any of the following disorders diagnosed in the past year?

Prostatitis ☐ Balanoposthitis ☐ Orchitis ☐ Perianal Adenomas ☐ Prostatic Hypertrophy ☐

11. Has your stud ever produced any puppies with:

a. Cryptorchidism? Yes ☐ No ☐ Number (if known) _____

b. Cleft Palate? Yes ☐ No ☐ Number (if known) _____

c. Umbilical Hernia? Yes ☐ No ☐ Number (if known) _____

d. Other Birth Defects? Yes ☐ No ☐ List defects _____

_____

12. GENETIC / INHERITED DISORDERS

a. Orthopedic	*PennHIP*	Date of exam _____ Distraction Index: Left _____ Right _____
	Hips	Date of exam _____ Rating: _____
	Elbows	Date of exam _____ Result : _____
	Other	
b. Eyes	*Opthalmologist Exam*	Date of last exam _____ Result : _____
	CERF	Date of last CERF _____ CERF No. _____
c. Heart	Cardiologist Exam	Date of last exam _____ Result: _____
d. Other	List Disorders:	

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Rev. 2/96