

Animal Hospital of Woodstock  
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Woodstock, IL 60098  
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**FORM #1**

**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 \_\_\_\_\_  
E-mail \_\_\_\_\_ 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 Animal Hospital of Woodstock to be sure she is in good health for the insemination.**

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 can not be reached by phone number(s) given.

I \_\_\_\_\_ authorize or \_\_\_\_\_ do **not** authorize the listed agent to 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