

MALE DOG HISTORY FOR REPRODUCTIVE EVALUATION

Owner's name _____ Dog's name _____

Age of dog _____ Breed _____

Reason for evaluation _____

I. Reproductive history:

1. Has dog been used for breeding before? Y N
If yes, dates of last breeding(s) _____ litter produced? Y N # pups _____
_____ litter produced? Y N # pups _____
_____ litter produced? Y N # pups _____

2. How often is dog used for stud purposes? _____

3. Has the dog ever been manually collected? Y N Easily? Y N Painful? Y N

4. Date of last Brucellosis test _____ result _____ (Please bring a copy if done past 6 months)

5. Infertile relatives? _____

6. Has he ever had a semen evaluation before? Y N (If yes, please bring copies of results)

II. General health history:

1. Most recent vaccine/ titer dates: DHPP _____ Rabies _____ Bordetella _____ Lymes _____ Lepto _____

2. Most recent worming date: _____ Product used: _____

3. Has the dog ever had a bladder infection? Y N

4. Does he ever strain to urinate or have blood in his urine? Y N

5. Does he ever drip blood from his penis on the floor NOT associated with urination? Y N

6. Are his stools thinner and/or more ribbon-like than they used to be? Y N

7. Has he ever been diagnosed with prostate disease? Y N

8. Has he ever had his prostate ultrasounded? Y N (If yes, please bring copies of results)

9. Has he had a general blood workup including thyroid, heartworm test, and urinalysis the past 6 months? Y N (If yes, please bring copies of results)

10. Has he had a fecal sample done the past year? Y N Result _____

11. Any major illnesses, injuries, or problems (and dates)? _____

III. Environment and housing:

1. Is the dog housed indoors? Y N Is he on concrete outside? Y N

2. Is he housed outdoors? Y N On concrete? Y N Heated kennels? Y N

3. Is he a show dog that is exposed to hot air blow drying frequently? Y N

4. Is he housed with intact bitches? Y N

5. Any new stresses (e.g. new animals, new owners, etc.)? _____

6. Is he exposed to cold water (e.g. hunting dogs retrieving in freezing ponds)? Y N

7. What is his diet? _____

IV. Drugs and supplements:

1. Is the dog exposed to any estrogens used by anyone in the household? (e.g. estrogen creams) Y N

2. What do you use for heartworm prevention? _____ flea control? _____

3. Please **list all medications and/or supplements (including dosages) you give your dog currently or have given him in the past year:** _____