

Application for Semen Collection

Application for collecting Otterhound semen for frozen storage

Registered name: _____

Call name: _____

Date of birth: _____

Registered number AKC or other: _____

Microchip and or Tattoo number: _____

Appearance:

Color: registered _____
current _____

Eye color: _____

Nose color: _____

Height: at shoulder _____

Body length: from chest to base of tail _____

Weight: _____

CHIC number: _____

DNA number: _____

Test scores: all available

HIPS: _____

Elbows: _____

Other list test and scores: _____

Glanzmann's: Clear _____ Carrier _____ Affected _____

Please include copies of all certificates – CHIC, OFA etc.

Health:

Temperament:

Outgoing _____ Friendly _____ Timid _____

Nervous _____ Aggressive _____

Good with strangers _____

Good with other animals _____

Additional information _____

Bite:

Scissors _____ Overbite _____ Underbite _____ Unknown _____
Thyroid: OK _____ Problem _____ If yes age at onset _____
Allergies: Yes _____ No _____ If yes, to what _____
Additional information _____
Cancer: Yes _____ No _____ If yes what type _____
Additional information _____
Seizures: Yes _____ No _____ When started _____
Additional information _____
Any siblings that seized: Yes _____ No _____ Unknown _____
Other medical conditions: _____

Reproduction:

Has this animal been used for breeding? Yes _____ No _____
If yes, at what ages _____
If yes, were pups born from each breeding: Yes _____ No _____
Type of breeding: Fresh _____ Chilled _____ Frozen _____

Please include photos: front, sides and rear. Also videos showing movement if possible.

Your Name: _____

Address: _____

Phone: _____

Email: _____

Breeders Name: _____

Email, if known: _____