

Application for Using Semen from the Otterhound Club of America Reproduction Bank

Notice: Any breeder applying to use semen from the Reproduction Bank will be approved provided they meet all qualifications below.

Names of All Owners: _____

Address where bitch resides: _____

Contact phone: _____

Contact email: _____

Member of OHCA since: _____

Registered Name of Bitch: _____

Call Name: _____

Bitch's Date of Birth: _____

AKC Registration Number or other: _____

Microchip and/or Tattoo number: _____

Appearance

Height (inches): _____

Weight (pounds): _____

CHIC number: _____

DNA number: _____ (?)

Health

Test scores: please list all available

Hips: _____

Elbows: _____

Glanzmann's Thrombasthenia: Clear _____ Carrier _____ (individual test result or DNA clearance by parentage)

Please include copies of all certifications.

Thyroid: _____

Allergies: _____

Cancer: _____ Type: _____

Relative seizures:

Father _____ Mother _____ Sibling _____ Number of seizing siblings _____

Aunts _____ Uncles _____

Other Medical Conditions: _____

Temperament

Describe this bitch's temperament in new environments and with other people and animals.

Reproductive History

How often has this bitch been bred? 1 _____ 2 _____ 3 _____ times

What was the date of her last breeding? _____

Was ovulation timing used? Yes _____ No _____

of puppies produced per breeding _____

#live puppies _____ #born dead _____ #died before 8weeks _____ (please list cause)

Type of breeding done: Natural _____ Artificial Insemination _____

Transcervical Insemination _____ Surgical Insemination _____

Type of breeding planned for using Reproductive Bank Semen:

Transcervical Insemination _____ Surgical Insemination _____

Note: Ovulation timing is required. Progesterone testing and/or LH testing.

Please provide photos of this bitch: front, side and rear.

Veterinarian (s) of record:

Veterinarian Name:

Name of Practice:

Address:

Phone Number:

Veterinarian Reproductive Specialist:

Name of Practice:

Address:

Phone Number:

Please attach or provide medical records for the past 3 years for this bitch.

Please attach or provide reproductive records of past breedings of this bitch.

Please provide vaccination or titer records for this bitch.