

Springfield Veterinary Center
4416 Springfield Rd Glen Allen, VA 23060
Phone: 804.270.7274 Fax: 804.270.1317

Theriogenology Referral Form

Owner Name _____ Phone _____
Last First MI Home Work/Other

Address _____
Street City State
Zip

Patient Name _____ Sex _____ Date of Birth _____

Species _____ Breed _____ Color _____

Vaccination Dates: Rabies _____ DHPP _____ Other _____

Brucellosis Test Dates: _____

Reason for Referral

History

Previous pregnancies? Yes/No If yes, how many? _____

Were litters produced? Yes/No If yes, how many? _____

Previous dystocia? Yes/No

Previous C-section? Yes/No If yes, how many? _____

Progesterone timing? Yes/No If yes, list dates & results _____

Abnormal vaginal discharge? If so, describe (bloody, purulent, amount) _____

Vaginal cytology results: _____

Were previous breedings natural or AI? _____

Previous semen evaluations? Yes/No Results: _____

Sired litters previously? Yes/No Birthdates of most recent litters _____

Familial history of reproductive problems?

Referring Veterinarian _____

Clinic/Hospital _____

Address _____

Street

City

State

Zip

Phone _____ Fax _____