Stud Information Form for TCI

Date:			
Name of Stud:		Age:	
Breed:		Color:	
Proven/Produced Litter(s)?	?: Yes □ No □ Has he been collected	ed before?: Yes □ No □	
	ofessional/Commercial Breeder Ito be Bred to:		
Name of Owner(s):			
Mailing Address:	City:	State: Zij	o:
Phone:	E-mail:		
X	I (we) certify the above informatio	n is true und correct.	
SIGNATURE(s) of Stud and/or Bitch Owner(s)			DATE
	For Lab Use Only		
Volume:ml	Progression: 0 1 2 3 4 5 Cond Color: pH: bnormal Cells: % Pre x10 ⁶ Total Sperm Count: x 10 ⁶ Approx. Number of	valent Abnormality:x10 ⁶ Threeding Units:	
,	rogression: 0 1 2 3 4 5		
Tech Initials:			