



Stud Information Form for TCI

Date: _____

Name of Stud: _____ Age/DOB: _____

Breed: _____ Color: _____

Registry/Reg. Number: _____

Proven/Produced Litter(s)?: Yes No Has he been collected before?: Yes No

Reason for semen use: Professional/Commercial Breeder Personal/Family

Registered Name of Bitch to be Bred to: _____

Name of Owner(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

By my (our) signature(s) below, I (we) certify the above information is true and correct.

X

SIGNATURE(s) of Stud and/or Bitch Owner(s)

DATE

For Lab Use Only

Fresh Collected Semen or Fresh Chilled Semen (Circle)

At Time of Semen Preparation:

Motility: _____% Speed of Progression: 0 1 2 3 4 5 Concentration: Thin Moderate Dense

Volume: _____ml Color: _____ pH: _____

Normal Cells: _____% Abnormal Cells: _____% Prevalent Abnormality: _____

Sperm Count/ml: _____ x10⁶ Total Sperm Count: _____ x10⁶

Total Normal & Motile Sperm: _____ x 10⁶ Approx. Number of Breeding Units: _____

Notes: _____

Frozen Semen

At Time of Insemination:

Motility: _____% Speed of Progression: 0 1 2 3 4 5

Notes: _____

Tech Initials: _____