

**IOWA STATE UNIVERSITY**  
**Dr. W. Eugene and Linda Lloyd**  
**Veterinary Medical Center**  
 College of Veterinary Medicine  
 Ames, Iowa 50011  
 Large Animal - (515) 294-1500  
 Small Animal - (515) 294-4900



### Greyhound Artificial Insemination Consent

Owner Name:	Bitch Name:
Address:	Bitch Tattoo:
City/State: Zip:	Date of Birth:
Phone Number:	

**History of Health Problems:**  Yes  No

If yes, explain: \_\_\_\_\_

**Pertinent Breeding Information** (i.e.: history of long or short estrus cycles, history of split estrus, history of dystocia, history of abortion): \_\_\_\_\_

How many litters has this female whelped? \_\_\_\_\_

Name of Sire for this breeding: \_\_\_\_\_

Sire Tattoo Number (if available) \_\_\_\_\_

**Consent:**

I consent to have \_\_\_\_\_ bred using surgical artificial insemination (AI) with frozen semen  
 (Bitch Name)

from \_\_\_\_\_. She will have vaginal cytology and vaginoscopy done as well as progesterone  
 (Sire Name)

levels to determine the best time to perform either: **Surgical AI or Transcervical AI** (see attached pricing sheet).  
 (Circle One)

Presurgical bloodwork will include a pack cell volume (PCV) and total protein (TP). The surgical AI will be done using Propofol and Isoflurane anesthesia (cost \$200). The veterinarians at ISU VMC reserve the right to change this protocol if there is concern about the female's health status; but, the owner will be contacted with any changes and associated costs prior to such changes. All charges will be applied to the owner's credit card following the surgical AI.

\_\_\_\_\_  
**Owner/Agent Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Witness:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Clinician:**

\_\_\_\_\_  
**Date:**