

Progesterone Sample Submission Form

Collecting Sample:

Draw 3 mL/cc of blood in a plain red top tube (no serum separator). Centrifuge, draw off serum, and send in another plain red top tube. Use overnight courier of choice, i.e. Federal Express, UPS or US Postal Service.

If this is the 1st Progesterone please include an unstained vaginal smear.

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Name of Dog: _____

Breed: _____

DOB: _____ Color: _____

Date Sample was drawn: _____

Type of Semen being used: Fresh Fresh chilled Frozen

Type of Insemination planned: Natural Vaginal Trans-cervical Surgical

Payment Type: Check Credit Card Call for payment

Credit Card info:

Type of Card: _____ Name on Card: _____

Card Number: _____ Expiration Date: _____

CSV-Code: _____

Person to be notified with results: _____

Contact by: Phone Fax E-mail

Phone/fax number or e-mail: _____

Ship to:

Reproduction Department
Inver Grove Heights Animal Hospital
7131 Cahill Avenue
Inver Grove Heights, MN 55076



Inver Grove Heights Animal Hospital
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Inver Grove Heights, MN 55076
Phone: (651)451-4404
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