



**Animal Clinic
Northview, Inc.**

36400 Center Ridge Rd.
N. Ridgeville, OH 44039
repro@windstream.net
Phone: (440) 327-8282
Fax: (440) 353-0331

Sample Preparation

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 with an ice pack overnight. Use overnight courier of choice, i.e. Federal Express, UPS, US Postal Service.

Please send an unstained vaginal smear with all first progesterone samples.

Progesterone Sample Submission Form

Name of Dog: _____

Breed of Dog: _____

DOB: _____ Color of Dog: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

There will be a one time interpretation fee charged if the breeding is not performed here.

Credit Card Number: _____

Expiration Date: _____ V-Code: _____

Check Enclosed: _____

Signature of Card Holder: _____

Date of Sample: _____

Type of Semen: Fresh Fresh Chilled Frozen

Insemination Type: Vaginal Surgical

Transcervical Natural

Person To Be Notified: _____

Phone: _____