

MARE HEALTH FORM

Mare's Registered Name _____ Birth date _____

Breed _____ Registration # _____

Owner/Agent _____ Phone/Fax # _____

Address _____

Date Mare is due to foal _____ Date Last Foaled _____

Maiden Mare _____ Tentative Breeding Date _____

Current Uterine Culture Results _____

Current Uterine Cytology Results _____

Uterine Biopsy Results, if done (include date performed and attach copy of laboratory report) _____

Any prior retained placenta? _____ Any prior Caslick's? _____ Any prior Abortion? _____

Any prior early embryonic loss? _____

Any past uterine infections? _____

Foaling damage or difficulty? _____

Does the mare cycle regularly? _____ Show heat well? _____

Any prior or current lameness problems? _____

Last three years breeding dates were _____, _____, _____.

Last three years foaling dates were _____, _____, _____.

Most recent vaccinations and deworming; Dates and products: _____

I, the undersigned, do hereby certify that I am a currently licensed veterinarian in the state in which this mare resides, and that on this date I have examined this mare's physical and reproductive condition, including a uterine culture and cytology (Even-Maiden Mares), and find her to be in good health, and in acceptable breeding condition.

veterinarians name(please print)

Signature

Date

Return to:
AP-Ranch
4019 South Mission Rd
Fallbrook Ca. 92028