

EXAMINATION FORM PREGNANT MARE

I, Dr. _____ declare to have examined the mare written below and to have filled in this form truthfully. This examination has been commissioned by the owner of the unborn foal carried by this mare.

Information mare

Name	
Date of birth	
Breed and type	
Chipnumber	
In foal to the stallion	
Or of an embryo by	
Date fo insemination \ Transfer	
Owner mare	
Address where mare is kept	

Examination

General appearance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks		
Abnormalities eyes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abnormalities teeth	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abnormalities nose	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		
Breathing	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Spontaneous coughing	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Nasal discharge	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		
Digestion	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks		

Circulatory system		
Heart rate at rest	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Heart rate after exercise	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks		
Locomotive system		
Abnormalities hooves and legs	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abnormalities walk and trot	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		
Indication for vices	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Genitals		
External abnormalities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the vulva been sutured	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		
The mare was found pregnant by ultrasound of a fetus which appears to fit to the expected gestational length.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		
The mare has had her basic vaccinations against Equine Influenza/Tetanus and after that has been annually vaccinated against Influenza/Tetanus. And the mare has (as far as applicable at this moment) been vaccinated against Rhinopneumonia in the 5th and the 7th and the 9th month of the gestation.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks		

Final conclusion

During the examination of the above- mentioned mare I did not find abnormalities which are functional relevant to the purpose of its use.

Date _____

Place _____

Name owner _____

Signature _____

Name veterinarian _____

Signature and stamp _____