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Mare Health Form

Mare's Name _____ Birth Date _____

Breed _____ Registration # _____

Owner/Agent _____ Phone # _____

Date Mare Due to Foal _____ Date foaled _____

Maiden Mare? _____ Tentative Breeding Date _____

Current Uterine Culture Results _____ Date tested: _____

Current Uterine Cytology Results _____ Date tested: _____

Optional Uterine Biopsy Results, if done (most recent date; please attach copy of pathology report):

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

Any prior abortion? _____ Any prior early fetal loss? _____

Any past uterine infections? _____ Foaling damage or difficulty? _____

Does the mare cycle regularly? _____

Does the mare show heat well? _____

Any prior or current lameness problems? _____

Last three years bred were _____, _____, _____

Last three years foaled were _____, _____, _____

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, and find her to be in good health, free from evidence of uterine infection, and in acceptable breeding condition.

Veterinarian's Signature: _____ Name (print): _____

Veterinarian's Phone #: _____ Date signed: _____