



## ABORTION / STILL BIRTH: INFORMATION REQUIRED

Please complete as fully as possible in block capitals

Referring Veterinary Practice			
Referring Veterinary Surgeon			
Contact telephone			
<input type="checkbox"/> Send results by Fax:			
<input type="checkbox"/> Send results by E-mail:			
Alternate Contact			
Mare's name		Owner	
Breed		Age	
Stud where mare foaled			
LSD / Due date		Date of abortion	Time of abortion
Sire's name		Stud	
<b>Test request</b> (tick appropriate box)			
<input type="checkbox"/> <b>Full PM</b> including EHV Clearance with Histology, qPCR and Bacteriology			
<input type="checkbox"/> EHV Clearance with Histology and qPCR - <b>with</b> Bacteriology <input type="checkbox"/> <b>without</b> Bacteriology			
<input type="checkbox"/> EHV qPCR <b>only</b>			
<b>Mare's Previous Breeding History</b>			
Did she rear a foal last year ?			
Has she aborted before ?			
Has she been difficult to get in foal ?			
Any other relevant details:			
<b>Mare's Recent History</b>			
Has the mare been unwell recently ?			
Did she wax up or run milk ?	YES / NO	How long for ?	
Did she have a vaginal discharge ?	YES / NO	How long for ?	Colour:
Was the abortion/foaling witnessed ?	YES / NO	Was the foetus/foal born alive ?	YES / NO
Was the foaling considered normal ?	YES / NO	If not give details:	
<b>Epidemiology</b>			
Have there been other abortions/foal deaths on the premises this foaling season ?			
Have other equids on the premises been ill in the past month ?			
How many in-contact pregnant mares are there ?			
Has the mare ever left the UK ?			
Is the mare vaccinated against EHV-1 ?	YES / NO	Has the mare been tested for EVA ?	YES / NO
<b>Time of arrival at AHT:</b>			

**\*\* PLEASE SUBMIT FOETUS AND WHOLE PLACENTA \*\***