



FOAL DEATH: INFORMATION REQUIRED

Please complete in block capitals and indicate whether you would like results faxed or emailed

Referring Veterinary Practice						
Referring Veterinary Surgeon						
Contact telephone						
Fax						
E-mail						
Mare's name				Owner		
Breed				Age		
Stud where mare foaled						
LSD / Due date		Date of foaling		Time of foaling		
Sire's name						
Stud where he stands						
Mare's Breeding History						
Was the pregnancy normal ?						
Has the mare been unwell recently ?						
Was the foaling witnessed ?		YES / NO		Was it normal ?		YES / NO
Has the mare lost previous foals ?						
Course of disease in the foal						
Did the foal suckle within 4 hours ?						
Was extra colostrum administered ?						
Were antibiotics given ?						
When exactly did the foal become ill (date and time) ?						
Nature of illness:						
Treatment given:						
Vet's diagnosis:						
Did the foal die or was it euthanased ?			Drug used:			
Epidemiology						
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
Time of foal's arrival at AHT:						