



Please fax form back to 01638 555643

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

<input type="checkbox"/> Please tick box if samples CANNOT be used for anonymous surveillance or research
