



Animal Health Trust

ABORTION / STILL BIRTH: INFORMATION REQUIRED

Please complete as fully as possible in block capitals

Referring Veterinary Practice
Referring Veterinary Surgeon
Contact telephone
Send results by Fax:
Send results by E-mail:
Alternate Contact

Mare's name
Breed
Stud where mare foaled
LSD / Due date
Date of abortion
Time of abortion
Sire's name
Stud

Test request (tick appropriate box)
Full PM including EHV Clearance with Histology, qPCR and Bacteriology
EHV Clearance with Histology and qPCR - with Bacteriology without Bacteriology
EHV qPCR only

Mare's Previous Breeding History
Did she rear a foal last year?
Has she aborted before?
Has she been difficult to get in foal?
Any other relevant details:

Mare's Recent History
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:

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

Please tick box if samples CANNOT be used for anonymous surveillance or research

** PLEASE SUBMIT FOETUS AND WHOLE PLACENTA **