

FARM NAME: _____
MARE'S NAME: _____

Veterinarian _____ **Foaling Person** _____

Barn Number or I.D. (if more than one barn) _____

Age of Mare: _____ **Years**

Last Breeding Date: _____

Date Foaled: _____ **Gestation Length (Days):** _____

STAGE 1: _____ **Comments** _____

Waxed (circle one) _____ yes _____ no _____

Ran milk before foaling (circle one) _____ yes _____ no _____

First sign of foaling, e.g., discomfort
 (actual time using the 24 hour clock): _____

STAGE 2: (actual time using the 24 hour clock)

Time mare broke water: _____

Time mare delivered: _____

Comments re: foaling presentation and ease: _____

STAGE 3: (actual time using the 24 hour clock)

Time placenta expelled: _____

Placental weight: _____ kg or lbs. (circle one)

Placenta complete (circle one) _____ yes _____ no _____

Foal Data: (circle appropriate responses)

Sex of Foal: M _____ F _____ **Weight of Foal at Birth:** _____ kg or lbs.

(Indicate if actual (A) or estimated (E) wt.) A _____ E _____

Foal Outcome: (actual time using the 24 hour clock)

Stood unassisted: _____ Nursed assisted: _____ Nursed unassisted: _____

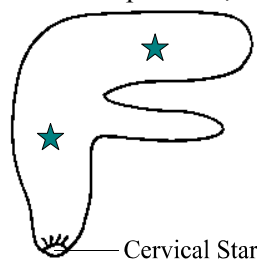
Serum IgG: _____ **Comments:** _____

Udder development: (circle one) poor fair good

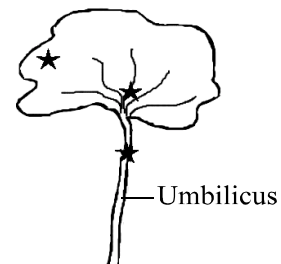
Specific gravity of colostrum _____

If you choose to send samples, rather than submitting the entire placenta, select areas as indicated.

- The stars represent the main areas of interest (the body and pregnant horn).
- Additional samples can be taken from the cervical star, umbilicus, non pregnant horn and amnion. Please place these in a second container and identify. Mark the diagram where sections have been taken.



Chorioallantois



Amnion