



Mare Health Form

To be completed and stamped by a veterinary surgeon.

Mare's Name :

Birth Date :

Breed:

Microchip Number:

Owner/ Agent:

Phone No:

Date Mare Due to Foal:

Date foaled:

Maiden Mare?:

Tentative Breeding Date:

Current Contagious Equine Metritis Results _____

Date tested:_____ please attach copy of pathology report)

Optional Uterine Biopsy Results, if done (most recent date; please attach copy

of pathology report):

Any prior retained placenta?:

Any prior Caslick's?:

Any prior abortion?:

Any prior early fetal loss?:

Any past uterine infections?:

Foaling damage or difficulty:

Does the mare cycle regularly?:

Does the mare show heat well?:

Any prior or current lameness problems?:

Any prior or current health conditions?:

Last three years bred were _____, _____, _____

Last three years foaled were _____, _____, _____

I, the undersigned, do hereby certify that I am a **currently licensed veterinarian** in the country in which this mare resides, and that on this date I have examined this mare's physical and reproductive condition, including a Contagious Equine Metritis (CEM) swab, and find her to be in good health, free from evidence of uterine infection, and in acceptable breeding condition.

Please attach the CEM Swab Certificate and return to Oakleigh Miniatures prior to the mare arriving at the stud. The CEM Swab should be taken no earlier than two weeks prior to covering and from the date of the swab, the mare must then be remain isolated from any other stallion or colt.

Veterinarian's Signature:

Name (print):

Veterinarian's Address and contact number:

Date signed:

Veterinarians Official Stamp:

Oakleigh Miniatures.

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