

Mare InformationName of Mare:

Foaling Details:

Foaling box number: _____

Last service date: ___/___/___

Expected foaling date: ___/___/___

Actual foaling date: ___/___/___

Gestational age: _____

Time of first contraction: _____

Time of membrane rupture: _____

Time feed seen: _____

Time of foal delivery: _____

Was assistance required: YES / NO

Comments:

Previous history of dystocia/ foal illness:

Mare Details:

Was the mare stitched? YES / NO / Don't know

Was there vulva laceration? YES / NO / Don't know

Maternal Acceptance of foal: _____

Colostrum quantity and quality: _____

Did the mare run milk before foaling? YES / NO / Don't know

Was the mare sick before foaling? YES / NO / Don't know

Placenta

Time placenta passed: _____ (time after foaling: _____ mins/hrs)

Placenta weight: _____ kg

Placenta appearance: _____ Edema: Y / N Hemorrhage: Y / N Avillous areas: Y / N

Comments:

Foal Details

Colour: _____ Sex: Colf / Filly Weight: _____ kg

Mare weight: _____ kg Sire: _____

Was the foal stained with meconium? YES / NO

JFA test performed? YES / NO Results: Pos / Neg

Time of delivery: _____ Time to rise: _____

(time after delivery: _____ mins/hrs)

Time to suckle: _____ (time after delivery: _____ mins/hrs)

Enema given: YES / NO (time after delivery: _____ mins/hrs)

Time Meconium passed: _____ (time after delivery: _____ mins/hrs)

Time of urination: _____ (time after delivery: _____ mins/hrs)

Colostrum fed? YES / NO Amount: _____ Source: _____

Time Colostrum was fed: _____ (time after delivery: _____ mins/hrs)

Plasma given? YES / NO Amount: _____ Type: _____

Umbilicus treated with:

Additional foal details

Coat: Long / Short Silky: YES / NO Floppy ears: YES / NO Entropion: YES / NO

Conformation:

	RF	LF	RH	LH
Flexor Laxity:	none/mild/severe	none/mild/severe	none/mild/severe	none/mild/severe

Contracted tendons:	none/mild/severe	none/mild/severe	none/mild/severe	none/mild/severe
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Angular deformities:

Comments: