

YEAR \_\_\_\_\_

# PREGNANT MARE/ FOALING CHECKLIST

## MARE INFORMATION

MARE: \_\_\_\_\_ BREED: \_\_\_\_\_ DUE: \_\_\_\_\_  
CARRYING FOAL BY: \_\_\_\_\_  
FOALING HISTORY: \_\_\_\_\_ MAIDEN: YES NO

## PRE FOALING

DATE PREGNANCY VERIFIED: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_  
FETAL PRESENTATION: CRANIAL CAUDAL NOT DETERMINED DATE: \_\_\_\_\_  
CTUP MEASUREMENT: \_\_\_\_\_ / \_\_\_\_\_ (DATE)  
CASLICK: YES NO DATE REMOVED: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_  
NI ANTIBODY SCREENING: YES NO DATE SUBMITTED: \_\_\_\_\_ POSITIVE NEGATIVE

## FOALING

DATE OF FOALING: \_\_\_\_\_ SEX OF FOAL: COLT Filly TOTAL DAYS PREGNANT: \_\_\_\_\_  
TIME WATER BROKE: \_\_\_\_\_ AM / PM  
TIME FRONT LEGS APPEAR: \_\_\_\_\_ AM / PM  
TIME FOAL FULLY BORN: \_\_\_\_\_ AM / PM  
TIME OF FIRST STANDING: \_\_\_\_\_ AM / PM  
ENEMA ADMINISTERED: \_\_\_\_\_ AM / PM \_\_\_\_\_ AM / PM  
TIME MECONIUM PASSED: \_\_\_\_\_ AM / PM  
TIME OF FIRST NURSING: \_\_\_\_\_ AM / PM  
TIME PLACENTA PASSED: \_\_\_\_\_ AM / PM NOTES: \_\_\_\_\_  
ASSISTANCE REQUIRED? YES NO COMMENTS: \_\_\_\_\_  
BRIX REFRACTOMETER READING: \_\_\_\_\_ VOLUME BANKED (If good quality): \_\_\_\_\_ ML  
BANAMINE ADMINISTERED: \_\_\_\_\_ ML (given IV)  
ADMINISTRATION OF IVERMECTIN POST FOALING: \_\_\_\_\_  
UMBILICAL STUMP DIPPED: \_\_\_\_\_ AM / PM \_\_\_\_\_ AM / PM \_\_\_\_\_ AM / PM  
PLASMA ADMINISTERED: \_\_\_\_\_ AM / PM

## COMMENTS/ COMPLICATIONS/ ABNORMALITIES