

CERTIFICATE OF REPRODUCTIVE STATUS

Date: _____

Mare: _____

Owner: _____

I have this day examined the mare listed above, and I have followed the customary standard veterinary clinic procedures in performing this examination, and based upon the last breeding date reported to me, it is my opinion:

1. _____ That said mare is PREGNANT.
DATE BRED:
ULTRASOUND DATES:
PALPATION DATES:
2. _____ That said mare is NOT carrying twins.
3. _____ That said mare is NOT PREGNANT.
4. _____ That said mare is SOUND for Breeding.
5. _____ That said mare is clean on uterine culture on _____.

REMARKS:

Signature of Veterinarian

Date

Address

Telephone Number