



Raeleughhead  
Duns  
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TD11 3NS

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## Post-Foaling Check Certificate

Date of Examination: _____		
Date of Birth: _____	Time of birth: _____	Observed <input type="checkbox"/> Estimated <input type="checkbox"/>
Due Date: _____	Sex: Colt <input type="checkbox"/> or Filly <input type="checkbox"/>	
Place of Examination: _____		
Mare: _____		
Sire: _____		

### Owner Section A: Mare

Time Passed Placenta: _____
Did you collect the placenta for examination? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did the mare run milk prior to foaling? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for how long? _____
Passed manure since foaling? Yes <input type="checkbox"/> No <input type="checkbox"/> Urinated since foaling? Yes <input type="checkbox"/> No <input type="checkbox"/>
Eating? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the mare allow the foal to suckle without restraint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the mare previously had a sick foal? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to above please give details: _____ _____

### Owner Section B: Foal

What time did the foal first stand up? _____ Time of first suckle? _____
Passed meconium (first manure)? Yes <input type="checkbox"/> No <input type="checkbox"/> Passed soft milk manure? Yes <input type="checkbox"/> No <input type="checkbox"/>
Observed urinating? Yes <input type="checkbox"/> No <input type="checkbox"/>
Colts: urinated through penis? Yes <input type="checkbox"/> No <input type="checkbox"/> Fillies: urinated through vulva? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you treated the navel/umbilicus? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, with what treatment? _____ At what time? _____
Did you assist with the foaling? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes give details: _____ _____

## Vet Section A: Mare

Placenta: Passed Completely? Yes  No   
 If No, treatment administered \_\_\_\_\_  
 Udder: Examined and WNL? Yes  No   
 If No give details \_\_\_\_\_  
 Vaginal Exam performed? Yes  No   
 Findings? \_\_\_\_\_  
 T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_  
 Any other comments or treatments: \_\_\_\_\_  
 \_\_\_\_\_

## Vet Section B: Foal

The foal's appearance & behaviour is consistent with normal gestation & parturition? Yes  No   
**Vitals:** T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_  
 MM: \_\_\_\_\_  
**Eyes:** Entropion? Y  N  Uveitits? Y  N  Cataracts? Y  N  Microphthalmia? Y  N   
**Mouth:** Palate WNL? Y  N  Parrot Mouth? Y  N   
**Chest:** Fractured ribs? Y  N  Flail Chest? Y  N   
**Heart:** auscultation WNL? Y  N  Comments \_\_\_\_\_  
**Limbs:** FLD? Y  N  ALD? Y  N  Hyperextension? Y  N  Normal gait? Y  N   
 Comments \_\_\_\_\_  
**Umbilicus:** dry? Yes  No  Evidence of infection or herniation? Yes  No   
 Comments \_\_\_\_\_  
**Meconium:** rectal performed? Y  N  Impaction? Y  N   
**Colts:** scrotal hernia? Y  N  testes palpable? Y  N

## Vet Section C: Foal Treatments

Tetanus Antitoxin? Y  N  Enema? Y  N  Umbilical Treatment? Y  N   
 Antibiotics? Y  N  Drug and frequency: \_\_\_\_\_  
 Any other treatments? \_\_\_\_\_  
 \_\_\_\_\_

## Vet Section D: Foal Laboratory Results

IgG performed: Y  N  Time of sample \_\_\_\_\_ Result: \_\_\_\_\_  
 Other bloods run? Y  N  Results Attached Y  N