

POST FOALING CHECK LIST

by Mr. Sam Hernandez

DATE _____ TIME _____ (AM/PM)

DAM'S NAME _____ DAM'S REGISTRATION # _____

SIRE'S NAME _____ SIRE'S REGISTRATION# _____

DAM'S OWNER _____ TELEPHONE # _____

PREFERRED VETERINARIAN _____ TELEPHONE# _____

FOAL:

SEX _____ COLOR/MARKINGS _____

NAVEL DIPPED (Y/N) TIME _____

ENEMA GIVEN (Y/N) TIME _____

MECONIUM PASSED (Y/N) TIME _____

FOAL STOOD (Y/N) TIME _____

VETERINARY ASSISTANCE REQUIRED (Y/N) TIME _____

VETERINARIAN NAME _____ TELEPHONE# _____

BOTTLE FED (Y/N) TIME _____ QUANTITY _____

NURSING (Y/N) TIME _____ WITHOUT ASSISTANCE? _____

PLACENTA PASSED (Y/N) TIME _____ CONDITION _____

DISCHARGE FROM MARE (Y/N) TYPE _____ AMOUNT _____

MEDICATIONS – FOAL _____

MARE _____
