

# Certificate of Reproductive Status

Date \_\_\_\_\_

I have this day examined \_\_\_\_\_ hip# \_\_\_\_\_

I have followed the customary standard veterinary clinical procedures in performing this examination. In accordance with the A.A.E.P. definitions set forth on the back of this page and based upon information supplied to me by the owner or authorized agent or by my actual knowledge, it is my opinion:

- \_\_\_ 1) That said mare is **Pregnant**.
- \_\_\_ 2) That said mare is **Not Pregnant**.
  - \_\_\_ a) has never been mated (**Maiden**).
  - \_\_\_ b) was **not mated** in 20\_\_\_\_.
  - \_\_\_ c) was **mated**, but is not pregnant.
  - \_\_\_ d) has **aborted**.
  - \_\_\_ e) has **aborted twins**.
- \_\_\_ 3) That said mare is **Suitable for Mating**.
- \_\_\_ 4) That said mare is **Not Suitable for Mating**.
- \_\_\_ 5) Upon palpation to determine if suitable for mating, **both ovaries** were found to be **within normal limits**, or if **otherwise, so state:**

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of Veterinarian (please print):

\_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_