

CERTIFICATION FOR MAIDEN, BARREN AND REPEAT BREEDING MARES

Must accompany mare with passport, and be sent to the stallion farm before covering. A copy to be sent to catherine@tba.co.za



THE THOROUGHBRED BREEDERS' ASSOCIATION OF SOUTH AFRICA

PART A: MARE IDENTIFICATION *(To be completed by mare owner (or agent))*

Name of mare: _____

Microchip number: _____

Stud of origin: _____

Name of owner: _____

Tel: _____ Email: _____

Mare classification (tick appropriate box below)

Maiden Barren

If barren, in previous or current season, mare (tick appropriate box below)

Was not bred Did not conceive Aborted Foal stillborn

Name: _____

Signature: _____

PART B: DOURINE TEST RESULTS FOR MAIDEN AND BARREN MARES

To be completed by the registered veterinarian upon receipt of test result reports.

Annual negative dourine serology report number: _____

Name: _____

Signature: _____

PRACTICE STAMP

PART C: COMPULSORY

UTERINE BACTERIOLOGICAL EXAMINATION FOR BARREN AND REPEAT BREEDING MARES (RETURNING FOR THE 3RD TIME) *To be completed by the examining registered veterinarian*

Date of examination: __ / __ / 20__

Place of examination: _____

The identity of the horse in Part A was confirmed: Yes

Mare reproductive status at examination: (tick appropriate box below)

Oestrus Dioestrus Anoestrus
Ultrasound examination of reproductive tract: Yes No
If yes, intra-luminal uterine fluid visible: Yes No
Uterine swab from the lumen: Guarded Unguarded
Uterine Cytology: Yes No
If yes, neutrophils: Present Absent

Microbiological cultures: (tick appropriate box below)

LABORATORY:

Contaminants only Non-venereal pathogens
No growth Not done

If other please specify _____

Name of vet: _____

Signature: _____

PART D: OPTIONAL - VENEREAL PCR PANEL FOR ALL MAIDEN AND BARREN MARES

To be completed as per requirements of the covering stallion contract.

To be completed by the registered veterinarian who collected the swabs

Date of examination: __ / __ / 20__

Place of examination: _____

The identity of the horse in Part A was confirmed: Yes
Standard swab* obtained from clitoral fossa Yes
Paediatric swab* obtained from clitoral sinus/es Yes

**For T. equigenitalis/asinigenitalis, P. aeruginosa and K. pneumoniae*

Clearance certificate No: _____

Name: _____

Signature: _____

PRACTICE STAMP