

Opened By _____

Accession # _____

REFERRING VETERINARIAN (Use space below for addressograph or business stamp)

Name _____

Clinic Name _____

Address _____

City/State/Zip _____

Phone/FAX/Email _____

OWNER INFORMATION

Name _____

City/State _____

Phone _____

Widener Hosp. Clinic Number _____

ANIMAL INFORMATION

Name _____ Breed _____ Age _____

HISTORY (Include dates and description of recent uterine manipulations, breedings, parturitions, etc. Use back of page if necessary.)**EXAMINATION FINDINGS**

Date _____

Left ovary _____ Right ovary _____

Left horn _____ Right horn _____

Cervix _____ Vagina _____

Endometrial swab culture result _____

Fixative (circle one): Bouins (preferred) Formalin

Behavior: _____ Estrus _____ Diestrus _____ Anestrus _____ Indifferent _____ Not known _____

Inquiries? Contact Sue Merrill: (610) 925-6220 or merrill2@vet.upenn.edu