VETERINARY MEDICINE
& BIOMEDICAL SCIENCES

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EQUINE ENDOMETRIAL BIOPSY REQUEST

Date: ________________________________

Mare Name: __________________________ Owner: ________________________

Breed: ___________________________  Age: ________________

History: ___________________________________________________________________

________________________________________________________________________

Have you submitted a biopsy request on the mare before?
Yes ________    When? ________    No ________

Veterinarian: _____________________________________________________

Clinic: ________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Telephone: ________________________________  E-Mail: ______________________

Fax: ___________________________  E-Mail: ______________________

How would you like results reported?
Fax ________  E-mail ________

Comments: __________________________________________________________________

________________________________________________________________________