

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: \_\_\_\_\_

NBC Hospital Clinic Number *(if applicable)*: \_\_\_\_\_**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: ☐ Bouin's (preferred) ☐ FormalinBehavior: ☐ Estrus ☐ Diestrus ☐ Anestrus ☐ Indifferent ☐ Not knownInquiries? Contact Tamara Dobbie: (610) 925-6364 or [tdobbie@upenn.edu](mailto:tdobbie@upenn.edu)