



# Equine Theriogenology

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Equine Endometrial Biopsy Submission Form

**PLEASE PRINT ALL INFORMATION**

**Date:**

Owner Name:	Referring Veterinarian:
<b>Patient Information:</b>	Clinic Name:
Name:	Address:
Age:	City, State, Zip:
Breed:	Phone Number:
	Fax Number:
	E-mail address:

Brief History, Clinical, and Physical Findings:

**Ultrasound findings:**

LO:  
RO:  
Cervix:  
Uterus (edema, fluid, etc.):  
Vulvar Conformation:  
Other:

Was a culture and/or cytology taken at the time of this exam? **Yes / No**

Have you submitted a biopsy to Auburn before? **Yes / No**

Have you submitted a previous biopsy on this mare? **Yes / No**

If so, when? \_\_\_\_\_

Is a check included with specimen? **Yes / No (please bill me)**

**Fee - \$70.00 per biopsy submission**  
**Please make checks payable to Auburn University**

**OFFICE USE:**

MR # \_\_\_\_\_

Date Received: \_\_\_\_\_