



**Large Animal Medicine and Surgery
Section of Theriogenology
College of Veterinary Medicine
Texas A&M University
College Station, Texas 77843-4475
(979) 845-3541**

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: _____

Fax: _____

Have you submitted a biopsy request to us before?
Yes _____ No _____

Comments: _____

