



GAUTENG & NORTHERN REGION
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REPORT DETAILS

OWNER DETAILS

ANIMAL INFORMATION

PRACTICE NAME: _____
 REF VET NAME: _____
 ACCOUNT NO: _____

NAME + ADDRESS: _____

 PHONE: _____
 FAX: _____
 E-MAIL: _____

OWNERS/FARM NAME: _____
 ANIMAL NAME/NO: _____
 AI DATE/TIME RAMS GOING IN: _____
 DATE RAMS COMING OUT: _____
 ABORTION HIISTORY
 0-3% 3-10% >10%
 AGE: _____
 BREED: _____
 COLLECTION DATE: _____

SAMPLE:
 URGENT ROUTINE
RESULTS:
 EMAIL FAX PHONE

VACCINATION HISTORY: _____

SMALL RUMINANT ABORTION INVESTIGATION

TYPE OF FEEDING SYSTEM
 EXTENSIVE
 Veld Type(s) _____
 SEMI-EXTENSIVE
 Pasture Type(s) _____
 SEMI-INTENSIVE/ FEEDLOT
 TMR Concentrate + Grass
 FEED SUPPLEMENTS
 Concentrate Lick
 Molasses Multivitamin/ Mineral Injection/
 Dosing

MORPHOMETRIC MEASUREMENTS FETUS
 Single/Twin/Multiple=
 Crown-Rump length =
 Fetal weight =
 Thyroid weight =
 Congenital Abnormalities: Present Absent

RATIO'S FETUS
 1. Thyroid weight (g) as % = _____ REF! <0.03%
 Fetal weight (g)

PLACENTA
 Complete Incomplete
 Cotyledon diameter _____ cm Number of Cotyledons _____
 Other abnormalities: _____

MICROBIOLOGY CHECKLIST V4290
 Abomasal Fluid Placenta Aerobic Fungal
 Spleen (fresh) Lung/ Liver Anaerobic

WATER ANALYSIS V4290
 Salinity Microbiology (TBC, TCC, E.coli)
 Hardness Nitrates
 pH Sulphates
 Toxic compounds (Specify:.....)

VIROLOGY / PCR CHECKLIST V4290
 Thoracic fluid Liver Agent Suspected: _____

MICRONUTRIENT ANALYSIS V4290
MINERAL ANALYSIS LIVER
 Selenium
 Copper
 Iron
 Zinc
 Manganese
 Chromium

HISTOPATHOLOGY CHECKLIST V4290
 Brain Heart
 Thyroid gland Spleen
 Adrenal gland Liver
 Thymus Abomasum
 Lung Kidney
 Skin (eyelid) Skeletal Muscle