

Samples from a Friesian horse for investigation of esophageal disease

Has the following horse experienced evidence of esophageal disease, clinically characterized by choke, hyper salivation, regurgitation, and /or esophageal dilation, possibly accompanied by respiratory signs due to aspiration pneumonia?:

NO: _____ YES: _____

Name of horse:	DOB: (must be at least 15yrs old)
Owner name & contact information:	
Any clinical history on horse:	

Pedigree: Please attach copy of pedigree

SAMPLES TAKEN: *Please check which samples are included*

_____ Whole blood drawn in EDTA or sodium citrate (but **NOT** heparin)

_____ Cheek swab

_____ Fresh/frozen tissue

Date samples taken: _____

Samples taken by Certifying Veterinarian:

Name: _____ Telephone: _____

Address: _____ City/State/Zip: _____

Certifying Veterinarian Signature

Please send samples along with a copy of this sheet & pedigree, preferentially overnight to the following address:

**Ingeborg Langohr/Matti Kiupel
Diagnostic Center for Population and Animal Health
4125 Beaumont Road
Lansing, MI 48910-8104**

THANK YOU FOR YOUR HELP