

9 Anhang

Befundbogen

Betrieb Stall- Nr.	Vorbericht	Uterus	PK oder Steri			Ausfluß	BCS	Allg.befinden, sonst. Befunde	Diagnose	Therapie	Datum:
			Ovar links	Ovar rechts	Ausfluß						
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			
	G I II III IV V VI K I II III ++As S As ++		<input type="circle"/>	<input type="circle"/>				0 1 2 3			