



Equine Veterinarians Australia

A Group of Related Groups of the Australian Veterinary Association Ltd. ABN 63 008 222 832

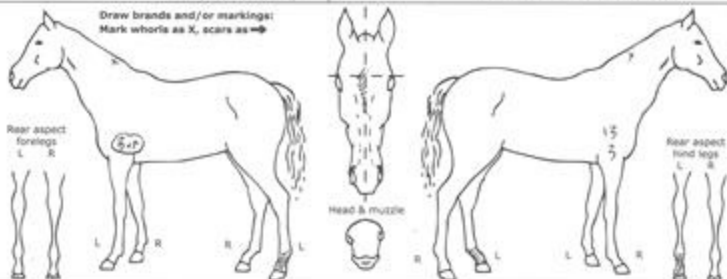


VETERINARY REPORT ON BROODMARE FOR SALE

This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with Equi® Vaccine or any other medication.

Animal presented as: Tiana		Age/DOB: 4yrs 3i/8/13
(If unnamed) Sire: Street Leg		Dam: Sidreus Nansins
Breed: Colour: Chestnut	Microchip No: 985100012039721	
Owner (if known): Bell View Park Stud	Address (if known): 112 Bells Lane, Meroo Meadow	
Person requesting examination: Adam Mackrell	Place of examination: Bell View Park Stud	

Draw brands and/or markings:
Mark whorls as X, scars as ➔



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date

N/A

Vaccination Y/N Date

Hendie (Hex)	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	
Strangles	<input type="checkbox"/>	
EHV-1,4	<input type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			42	16	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			46	20	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?	<input checked="" type="checkbox"/>		
Uterine Fluid?			
Comments:	2 x 5mm cyst right horn.		

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vulva	Y	N	NE
Casticed / repers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments: _____

Date: 12/6/16	Signed:
Name (please print): M Brown	Place stamp/write address here:
Contact Number: 02 9448 6488	Silward Equine Centre
AVA No: 19043	VPS No: NS261

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