



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

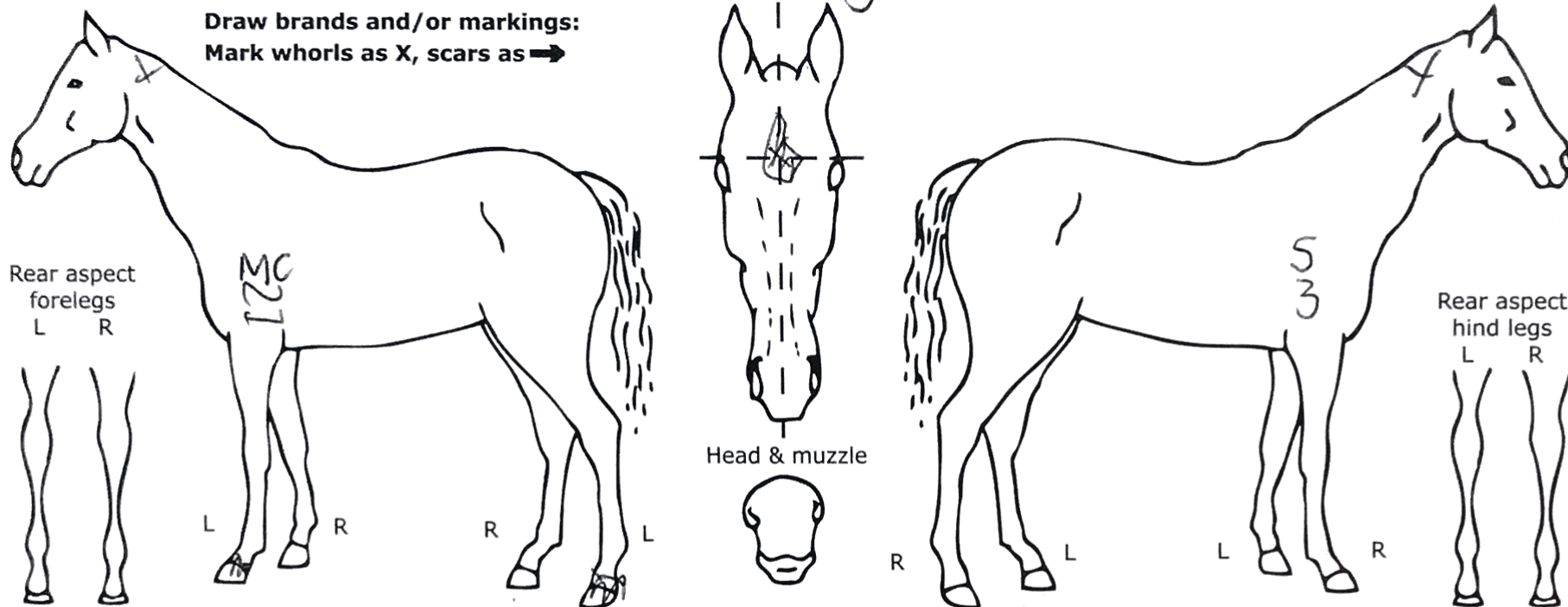


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

| | | |
|--|-------------------------|--|
| Animal presented as: Jessej | | Age/DOB: 2013 |
| (If unnamed) Sire: | | Dam: |
| Breed: TB | Colour: Chestnut | Microchip No: 9851 00012042 354 |
| Owner (if known): | | Address (if known): |
| Person requesting examination: Michael Chrstan | | Place of examination: Longwood TB Farm |

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

Reported last serve date

LSD 5.11.2018
Pariah

Vaccination Y/N Date

| | | |
|--------------|-------------------------------------|--|
| Hendra (HeV) | <input type="checkbox"/> | |
| Tetanus | <input checked="" type="checkbox"/> | |
| Strangles | <input checked="" type="checkbox"/> | |
| EHV-1,4 | <input checked="" type="checkbox"/> | |

| Ovaries | | NL | Ab | NE | | NL | Ab | NE | Total Ovarian Dimensions | Largest Follicle Diameter | Comments: |
|-------------------------------|------|----|----|----|-------|----|----|----|--------------------------|---------------------------|-----------|
| Manual Examination per Rectum | Left | | | | Right | | | | | | |
| U/S Examination | Left | | | | Right | | | | | | |

| Uterus | NL | Ab | NE |
|-------------------------------|-------------------------------------|----|----|
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | | |
| U/S Examination | <input checked="" type="checkbox"/> | | |
| | Y | N | NE |
| Uterine Cysts? | | | |
| Uterine Fluid? | | | |
| Comments: | pregnant | | |

| 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: | pregnant | | |

| Vulva | Y | N | NE |
|----------------------|-------------------------------------|---|----|
| Caslicked / repairs? | <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: | pregnant | | |

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

Other comments

Date: **23.07.2019**

Name (please print): **Stacy McGregor**

Contact Number: **0437870507**

AVA No: **5491** VPB No: **3737**

Signed:

Place stamp/write address here:

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