



Equine Veterinarians Australia

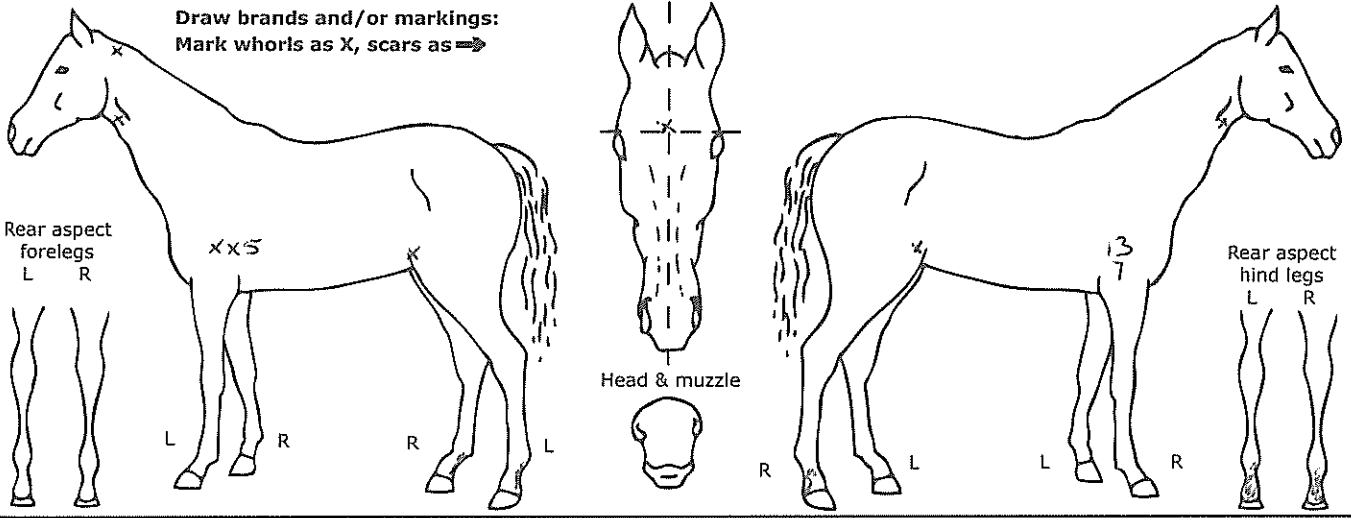
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiV[®] Vaccine or any other medication.

Animal presented as: SECRET SALSA		Age/DOB: 6/10/07
(If unnamed) Sire:		Dam:
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985100010918663
Owner (if known):		Address (if known):
Person requesting examination: M. RYAN		Place of examination: AQUIS FARM - NSW



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

14/12/2018

Vaccination	Y/N	Date
Hendra (HeV)	Y	19/7/19
Tetanus	Y	Due 14/11/19
Strangles	Y	Due 4/11/19
EHV-1,4	Y	15/7/19

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"/>					
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

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?			<input checked="" type="checkbox"/>
Comments: NO ABNORMALITIES			

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: NO ABNORMALITIES			

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: NO ABNORMALITIES			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments: NO ABNORMALITIES			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments: NO ABNORMALITIES			

Other comments

Date: **24/07/2019**

Name (please print): **LEANNE POLSEN**

Contact Number: **0419 292 073**

AVA No: **83037** VPB No: **N9623**

Signed: **L. T. Polesen**

Place stamp/write address here:

Scone Equine Hospital
106 Liverpool St
Scone NSW 2337

20132