



Scone Equine
Hospital

Dedicated expert care

PREGNANCY CERTIFICATE

Mare name Sneaky Princess

Brands LS PF RS 49
1

This is to certify that the above named broodmare was examined at

Location Kingstar Farm Date 25/7/19

and was found to be pregnant with no apparent evidence of twins visible.

Note: It is not possible to detect multiple pregnancies in all cases.

1st scan date 24/10/18 2nd scan date 13/11/18

Records show that the mare is owned by

Adam Cook

Dr Carey Doran BVSc Ch.

Scone Equine Hospital



Equine Veterinarians Australia

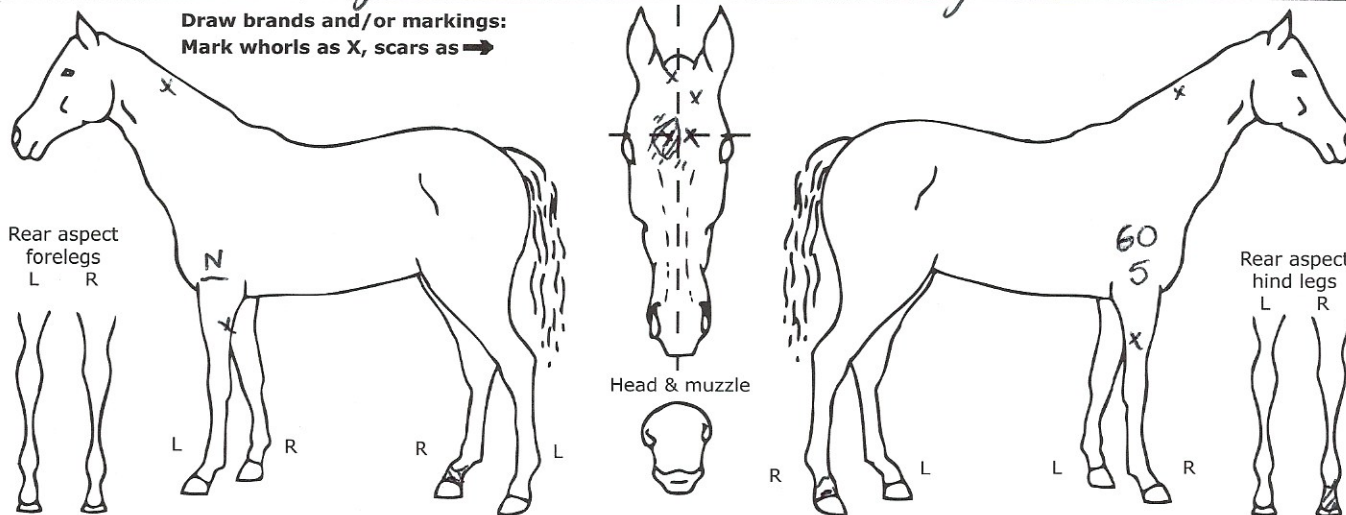
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVax® Vaccine or any other medication.

Animal presented as: <i>Princess Bride</i>		Age/DOB: <i>26/10/15</i>
(If unnamed) Sire:		Dam:
Breed: <i>Tb</i>	Colour: <i>Bay</i>	Microchip No: <i>985100012058064</i>
Owner (if known):		Address (if known):
Person requesting examination: <i>Kingstar Farm</i>		Place of examination: <i>Kingstar Farm</i>



This mare was examined (please tick)

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

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input type="checkbox"/>	<input type="checkbox"/>	Left: <i>27mm x 56mm</i>	Left: <i>13mm</i>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <i>28mm x 49mm</i>	Right: <i>13mm</i>	

Uterus	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Vagina	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Cervix	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>n.a.d</i>
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Udder	
Visual Examination	<i>Yes, n.a.d</i>
Manual Examination	<i>Yes, n.a.d</i>

Other comments *n.a.d = no abnormality detected.*

Date: <i>26/7/19</i>	Signed: <i>C. M.</i>
Name (please print): <i>Dr Carey Doran BVSc</i>	Place stamp/write address here: <i>Scone Equine Hospital</i>

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