



Equine Veterinarians Australia

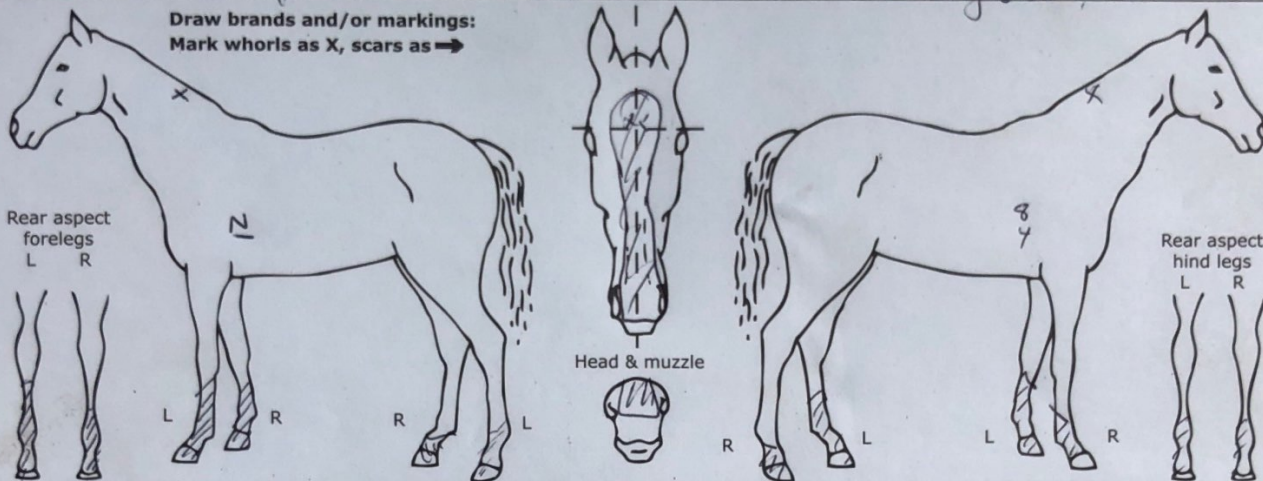
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <u>Yang's Tawn</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: <u>Ch</u>	Microchip No: <u>985100012044698</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>R. Saffv</u>		Place of examination: <u>Newgate, Sore</u>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<u>Maiden</u>	Hendra (HeV)	<u>Y</u>	<u>2nd 26/7/19</u>
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4		

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>4.5cm</u>	<u><10mm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>4.2cm</u>	<u><10mm</u>	

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:	<u>OK</u>		

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:	<u>OK</u>		

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:	<u>OK</u>		

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:	<u>OK</u>		

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

Other comments

Date: <u>26.7.19</u>	Signed: <u>[Signature]</u>
Name (please print): <u>BRIDGET BESTER</u>	Place stamp/write address here:
Contact Number: <u>0458204086</u>	<u>Hunter Eg Score</u>
AVA No: <u>18111</u>	VPB No:
	<u>22060</u>

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