

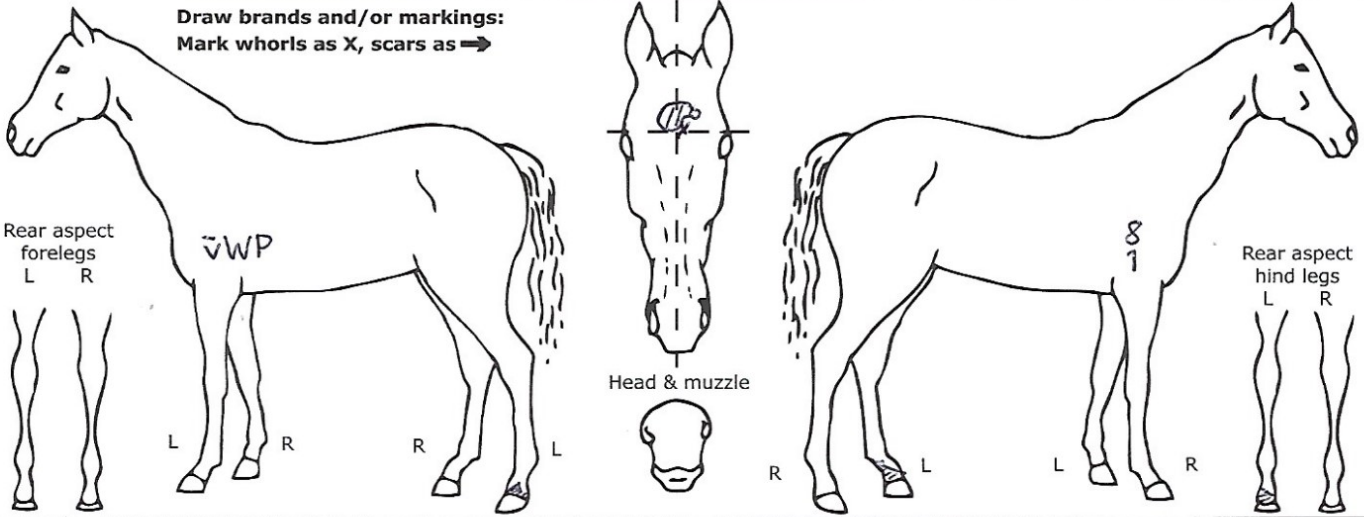


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: TERHAAB		Age/DOB: 2011
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BROWN	Microchip No: 985100012006654
Owner (if known):		Address (if known):
Person requesting examination: R. HOWARD		Place of examination: RANDWICK BLOODSTOCK AGENCY

**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

Vaccination	Y/N	Date
Hendra (HeV)	<input checked="" type="checkbox"/>	22/7/19
Tetanus	<input checked="" type="checkbox"/>	16/9/19
Strangles	<input checked="" type="checkbox"/>	16/9/19
EHV-1,4	<input checked="" type="checkbox"/>	14/4, 14/6, 14/8

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"/>			Left: 49x38mm	Left: 15mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			Right: 60x54mm	Right: 54mm	In foal heat

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: <i>In oestrus</i>			

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:			

Vulva	Y	N	NE
<u>Caslicked</u> 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:			

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

Other comments

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Date: 21.10.19	Signed: <i>[Signature]</i>
Name (please print): HANNAH HOPKINS BVSc	Place stamp/write address here:
Contact Number: (02) 4927 6135	NEWCASTLE EQUINE CENTRE
AVA No:	LOWE ST
VPB No: N9987	BROADMEADOW
	NSW 2292

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