



# Equine Veterinarians Australia

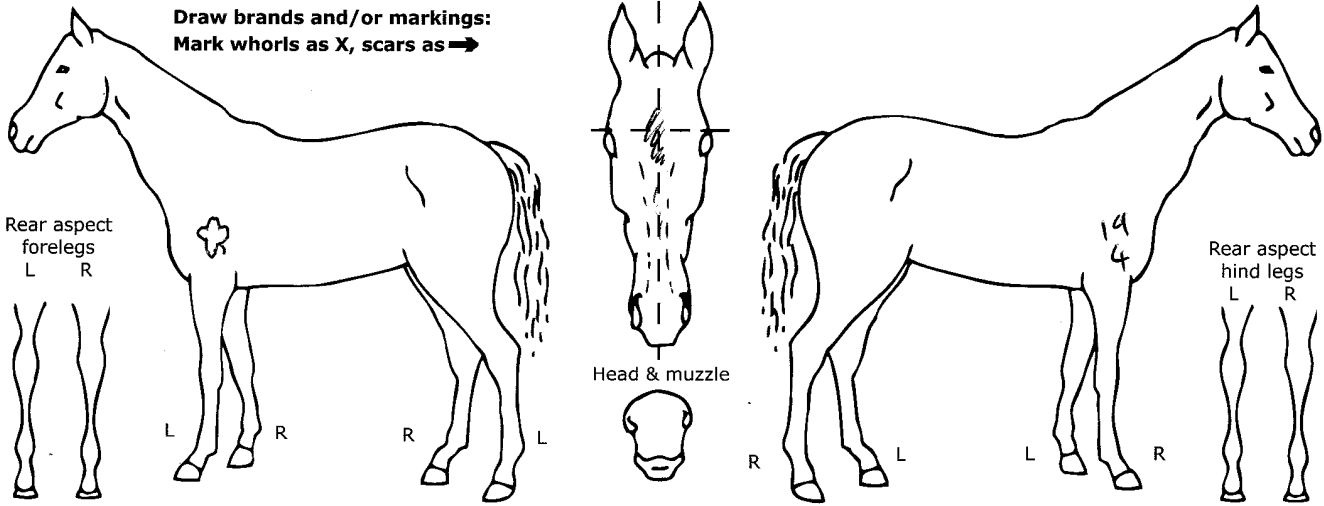
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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: <del>Seabe</del> <b>Seq babe</b>		Age/DOB: <b>5</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>chestnut</b>	Microchip No: <b>985100012051409</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>A Mackrell</b>		Place of examination: <b>Bell View Park.</b>



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)		
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"/>			L - 35 mm	L - 20 mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R - 38 mm	R - 18 mm	

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

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

**Other comments** .....

Date: <b>2/6/20</b>	Signed:
Name (please print): <b>M Brown</b>	Place stamp/write address here:
Contact Number: <b>02 4448 6488</b>	<b>Illawarra</b>
AVA No: <b>19045</b>	VPB No: <b>N5261</b>
	<b>Equine Centre.</b>
	<b>20818</b>