



## 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.

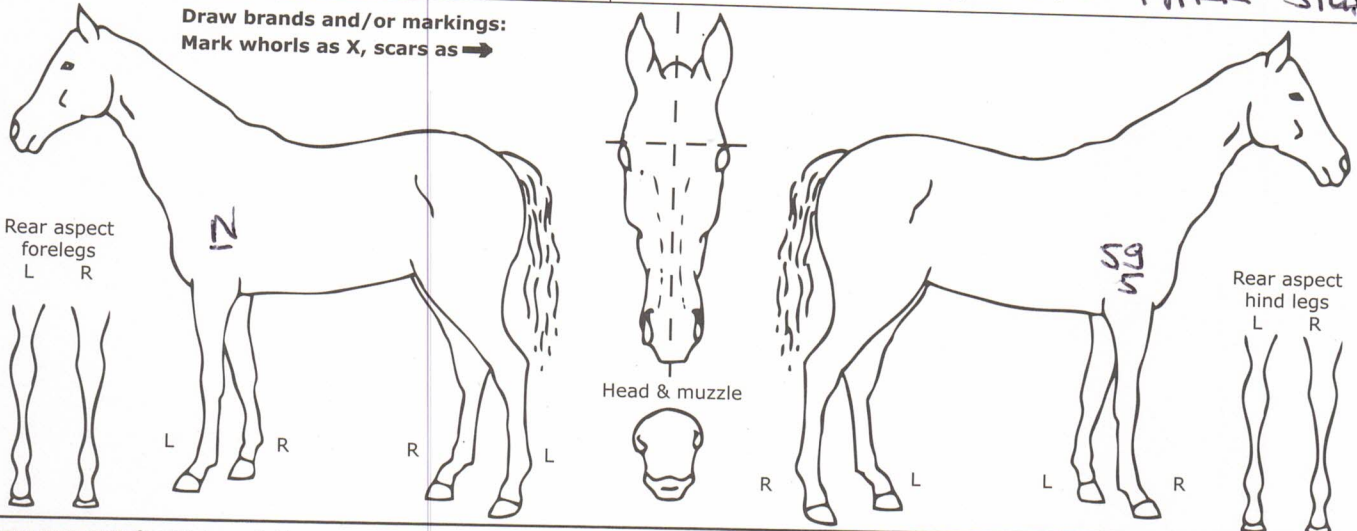
Animal presented as: **DIZZY MISS LIZZY** Age/DOB: **16/8/2015**

(If unnamed) Sire: **I AM INVINCIBLE** Dam: **PRINCESS MARIZZA**

Breed: **TB** Colour: **BAY** Microchip No: **985100012058063**

Owner (if known): **MYSTERY DOWNS** Address (if known):

Person requesting examination: **L DUCKWORTH** Place of examination: **FAIRVIEW PARK STUD**



**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

Vaccination	Y/N	Date
Hendra (HeV)		
Tetanus		
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.O 7cm x 3.2cm	1.5cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R.O 4cm x 5.5cm	1.0cm	

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:			

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:			

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:			

Vulva	Y	N	NE
Caslicked / repairs?		<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: **1/9/2020**

Name (please print): **IAN A DUCKWORTH**

Contact Number: **0488031131**

AVA No: **796** VPB No: **3391**

Signed: *Ian Duckworth*

Place stamp/write address here:  
**DR. IAN DUCKWORTH BVSc**  
**GROSE VALLEY EQUINE Pty Ltd**  
**1 Ayoca Road, Grose Wold NSW 2753**  
**Phone 0488 031 131**  
**Email: [ian@grosevalleyequine.com.au](mailto:ian@grosevalleyequine.com.au)**