



# Equine Veterinarians Australia

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

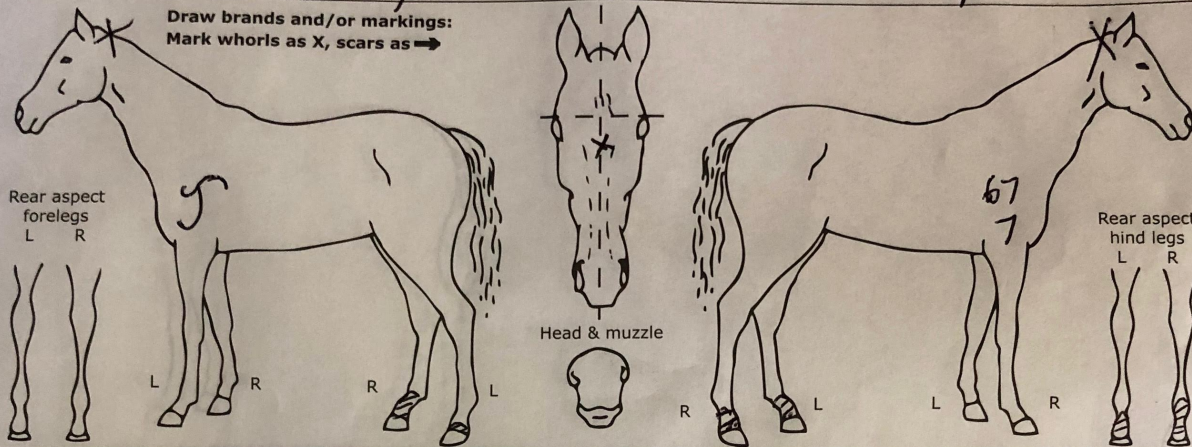
27252



## 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<sup>®</sup> Vaccine or any other medication.

Animal presented as: <b>Xylarloo</b>		Age/DOB: <b>3yo</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>98S10001212867</b>
Owner (if known):	Address (if known):	
Person requesting examination: <b>Strawberry Hill Stud</b>	Place of examination: <b>Strawberry Hill Stud</b>	



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input checked="" 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	<b>Y</b>	
Strangles	<b>Y</b>	
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 50mm	L 26mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R 60mm	R 29mm	

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:	<b>27.10.20</b>
Name (please print):	<b>REB CASKA</b>
Contact Number:	<b>0418299938</b>
AVA No:	VPB No: <b>6950</b>

Signed:	
Place stamp/write address here:	<b>LYONB EQUINE CLINE</b>