



Equine Veterinarians Australia

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

27426

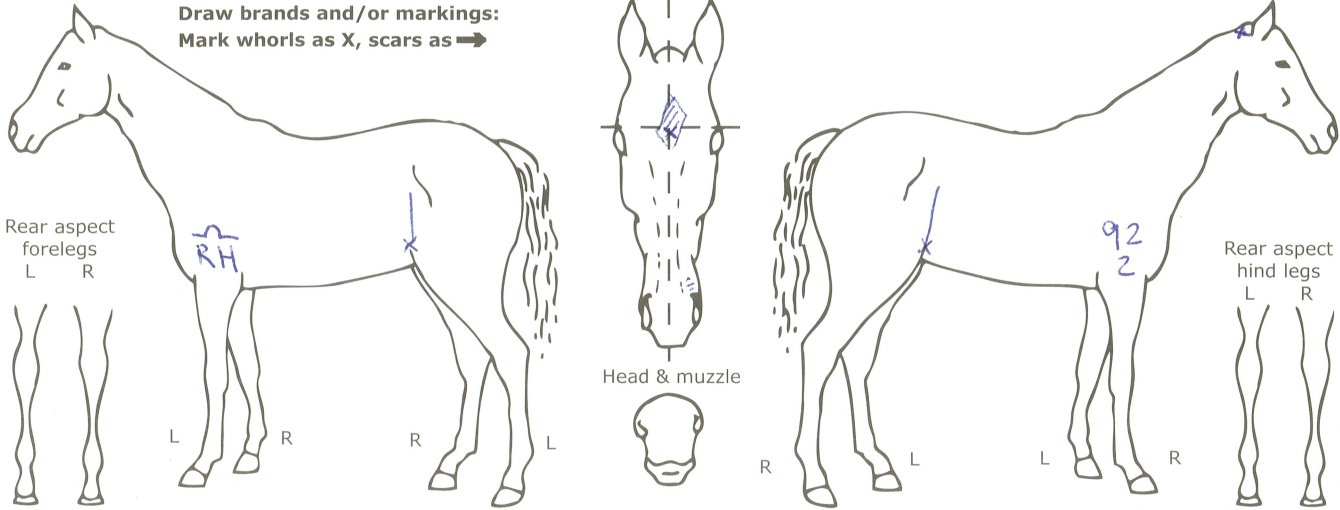


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

Animal presented as: ROYAL RAINE (NZ)		Age/DOB: 11/11/2012
(If unnamed) Sire:		Dam:
Breed: TB	Colour: CHESTNUT	Microchip No: 9 85125000066671
Owner (if known):		Address (if known):
Person requesting examination: INGLIS		Place of examination: ROSEMONT STUD

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 type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Strangles	<input type="checkbox"/>	<input type="checkbox"/>
EHV-1,4	<input type="checkbox"/>	<input type="checkbox"/>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 - 63mm x 72mm	53mm	
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60 - 50mm x 56mm	22mm	

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

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: Needs Caslick.			

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

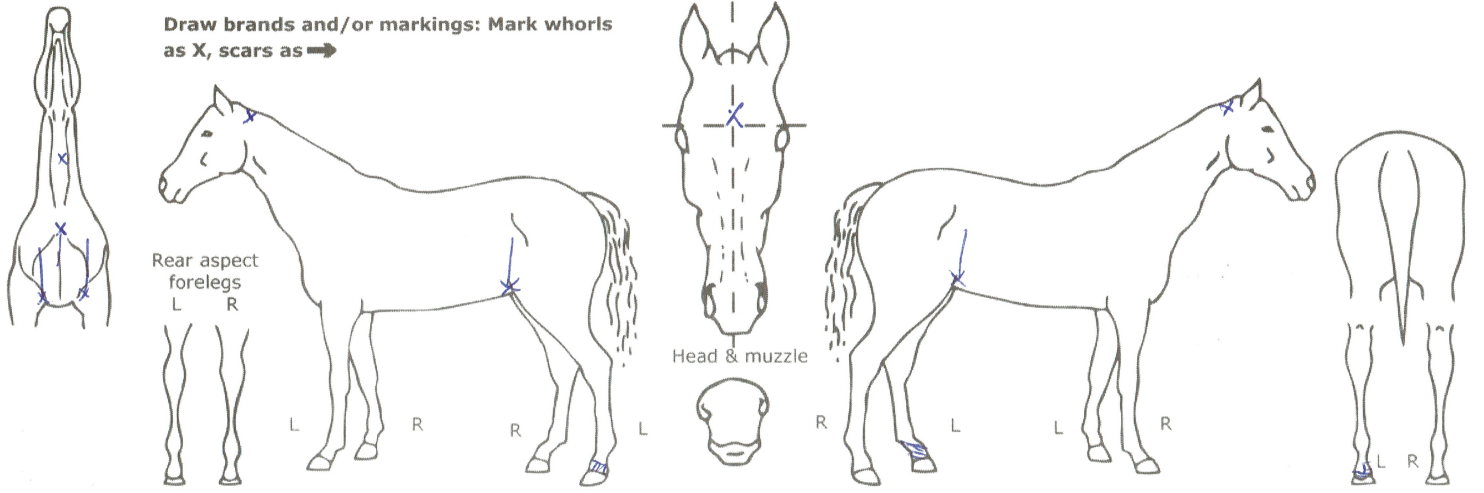
Other comments

Date: 18/11/20	Signed: Freya Rees-Jones
Name (please print): FREYA REES-JONES	Place stamp/write address here:
Contact Number: 0352206500	FREYA REES-JONES ROSEMONT STUD 250 VOLUM ROAD GNARWARRE VIC 3221
AVA No: 90247	



CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE PURPOSES For Foals Aged Between 24 Hours and 45 Days Only

Animal presented as: Age/DOB: 21/10/20
(If unnamed) Sire: SHAMUS AWARD Dam: ROYAL RAINÉ (NZ)
Breed: TB Sex: FILLY Colour: BAY
Owner (if known): Address (if known):
Person requesting examination: INGLIS Place of examination: ROSEMONT STUD



THE EXAMINATION

Yes/No grid for examination questions:
Is the foal's appearance and behaviour consistent with it's gestational age?
Does the mare allow the foal to nurse unrestrained?
Is the foal able to get up and down and nurse on it's own?
Is the umbilicus dry and normal?
Is the heart normal on auscultation?
Are the lungs normal on auscultation?
Is the gastrointestinal tract normal on auscultation?
Is the temperature normal?
Is the pulse rate normal?
Is the respiratory rate normal?
Has milk been observed at the nostrils following suckling?
Is severe parrot mouth present?

Yes/No grid for examination questions:
Is there evidence of congenital cataracts or other abnormalities of the eye?
Does the foal show clinical evidence of colic?
Is there clinical evidence of retained meconium?
Is there clinical evidence of diarrhoea?
Does the foal have a patent urachus?
Is there evidence of umbilical or inguinal hernia?
Is there evidence of rib fracture?
Are there significant flexor or angular limb deformities?
Is there evidence of ataxia or lameness?
Has a haemogram been performed?
If yes to haemogram, are all readings within normal limits?

Additional comments (add separate reports if required)

What medication has the foal received post partum?

Has a colostrum supplement been given to the foal? Yes No
Has plasma been given to the foal? Yes No
Is a nurse mare being used for this foal? Yes No

The IgG Test (Where multiple tests have been done, dates, times and results must be recorded)

Table with 6 columns: Time after birth, Level, Performed by Stud/Lab/Vet, Time after birth, Level, Performed by Stud/Lab/Vet. Handwritten entry: 12 hours, 2802mg/dl, Vet.

I have today performed a clinical examination on this foal in accordance with EVA Insurance guidelines and declare that to the best of my professional knowledge the foal is clinically normal and in a satisfactory condition, except where noted.

Date: 18/11/20 Signed: Freya Rees-Jones
Name (please print): FREYA REES-JONES
Contact Number: 0352206500
AVA No: 90247 VPB No: 9617

FREYA REES-JONES
ROSEMONT STUD
250 VOLUM ROAD
GNARWARRE
VIC 3221

46545