



Equine Veterinarians Australia

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

VETERINARY REPORT ON BROODMARE FOR SALE

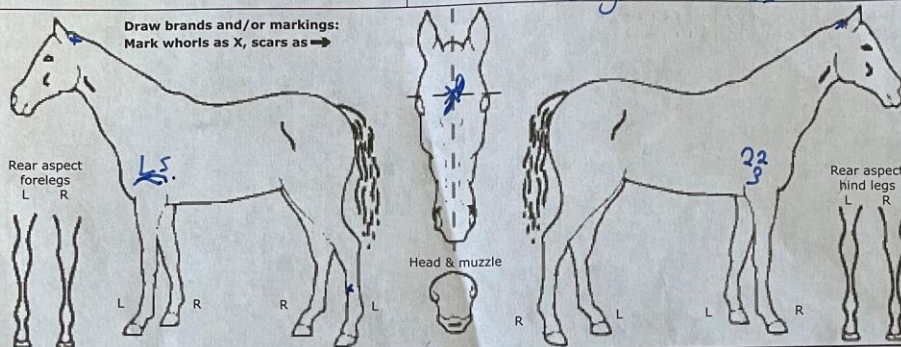
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EQUINE  
VETERINARIANS  
AUSTRALIA

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 EquiVet Vaccine or any other medication.

Animal presented as: <u>Linlithgow</u>	Age/DOB: <u>9<sup>2</sup></u>
(If unnamed) Sire:	Dam:
Breed: <u>TB</u>	Colour: <u>Black</u>
Owner (if known): <u>Avison</u>	Address (if known):
Person requesting examination:	Place of examination: <u>Elgrian Fields</u>
Microchip No: <u>985 1000 120 32 357</u>	



<b>This mare was examined (please tick)</b>	<b>The mare was (please tick)</b>	<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation <input type="checkbox"/>	Pregnant <input checked="" type="checkbox"/>	<u>10/11/2021</u>	Hendra (HeV)	<input checked="" type="checkbox"/>	
Not Sedated <input type="checkbox"/>	Not Pregnant <input type="checkbox"/>	<u>Domesday</u>	Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint <input type="checkbox"/>			Strangles	<input checked="" type="checkbox"/>	
			EHV-1,4	<input checked="" type="checkbox"/>	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left				Right						
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>LO: 32x41 RO: 32x30</u>	<u>LO: 28 RO: 31</u>	

Uterus		NL	Ab	NE
Manual Examination per Rectum		<input checked="" type="checkbox"/>		
U/S Examination		<input checked="" type="checkbox"/>		
	Y	N	NE	
Uterine Cysts?				
Uterine Fluid?				
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				
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: <u>11/4/2020</u>	Signed:
Name (please print): <u>Jui Gardner</u>	Place stamp/write address here
Contact Number: <u>0429 957 397</u>	<b>Seenic Rim Veterinary Service</b>
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	<b>Fax 07 5541 0319</b>