



# Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 052

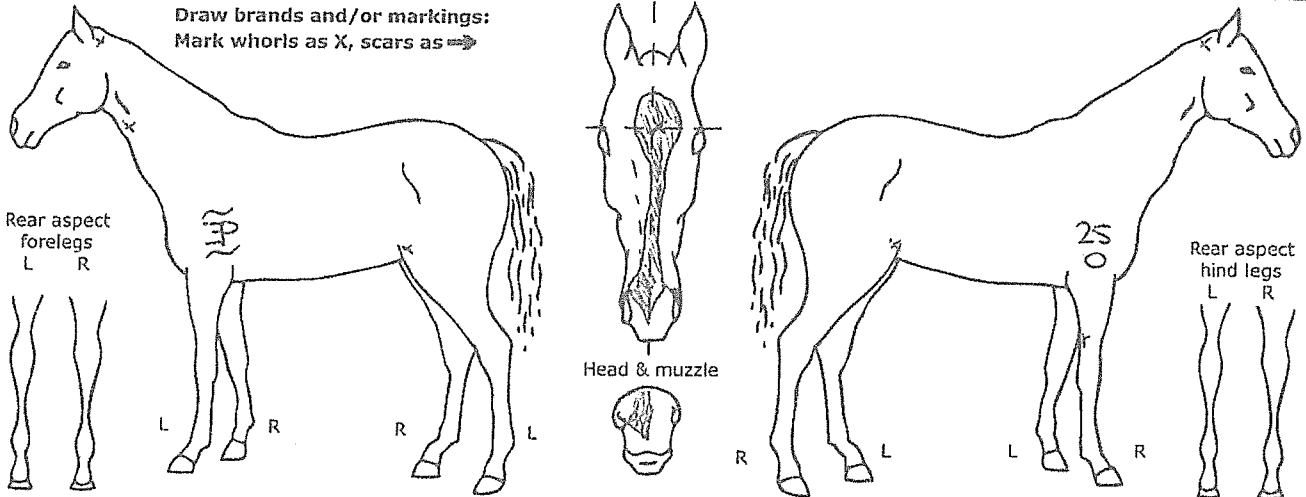
## VETERINARY REPORT ON BROODMARE FOR SALE

703



*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: <b>MARE STORIES</b>		Age/DOB: <b>3/9/10</b>
(If unnamed) Sire:		Dam:
Breed: <b>T BRED</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>985100010968239</b>
Owner (if known): <b>EMIRATES PARK</b>	Address (if known):	
Person requesting examination:	Place of examination: <b>AQUIS FARM - NSW</b>	



<b>This mare was examined (please tick)</b> Under Sedation <input checked="" type="checkbox"/> Not Sedated <input checked="" type="checkbox"/> <i>sp.</i> Other Physical Restraint <input type="checkbox"/>	<b>The mare was (please tick)</b> Pregnant <input type="checkbox"/> Not Pregnant <input checked="" type="checkbox"/>	<b>Reported last serve date</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10/11/2018</div>	<b>Vaccination Y/N Date</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Hendra (HeV)</td><td></td><td></td></tr> <tr><td>Tetanus</td><td>Y</td><td>4/6/19</td></tr> <tr><td>Strangles</td><td>Y</td><td>4/6/19</td></tr> <tr><td>EHV-1,4</td><td>Y</td><td>4/6/19</td></tr> </table>	Hendra (HeV)			Tetanus	Y	4/6/19	Strangles	Y	4/6/19	EHV-1,4	Y	4/6/19
Hendra (HeV)															
Tetanus	Y	4/6/19													
Strangles	Y	4/6/19													
EHV-1,4	Y	4/6/19													

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"/>			45mm x 41mm	CL 10mm.	NO ABNORMALITIES
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			55mm x 45mm	CL 30mm.	NO ABNORMALITIES

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: 2x small cysts mid body			

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: NO ABNORMALITIES			

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: NO ABNORMALITIES			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>		
Comments: NO ABNORMALITIES			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments: NO ABNORMALITIES			

Other comments .....

Date: <b>12/06/2019</b>	Signed: <i>L.S. Posen</i>
Name (please print): <b>LEANNE POSEN</b>	Place stamp/write address here:
Contact Number: <b>0419 292 073.</b>	20129
AVA No: <b>83037</b>	VPB No: <b>29623</b>