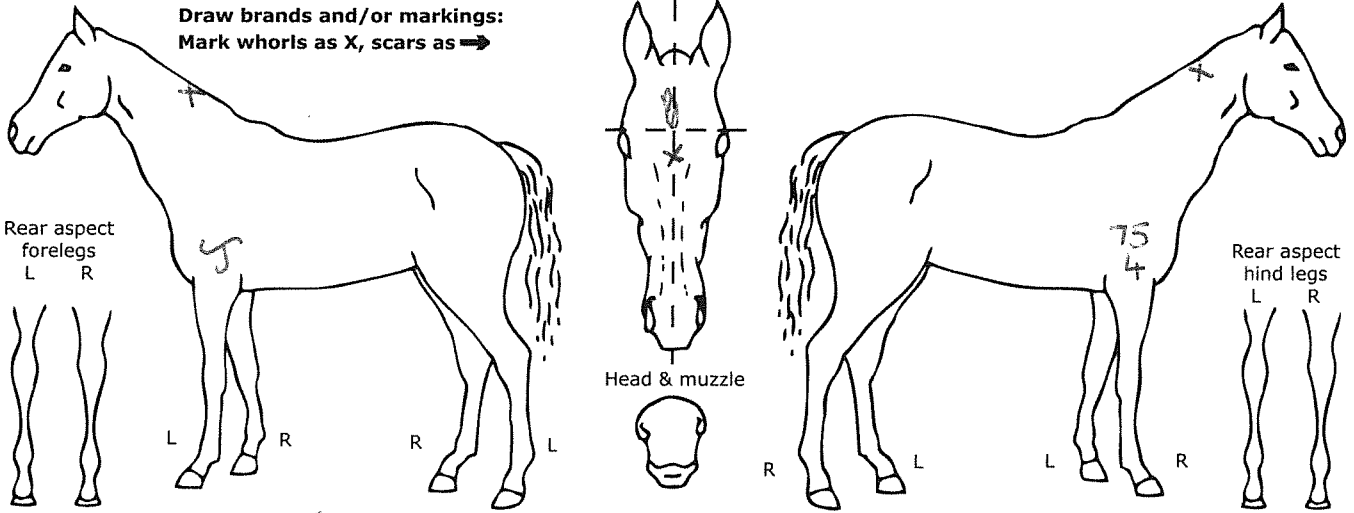




**VETERINARY REPORT ON BROODMARE FOR SALE**

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: <b>CASH IN HAND</b>		Age/DOB: <b>27.9.2014</b>
(If unnamed) Sire:		Dam:
Breed: <b>Tbd</b>	Colour: <b>Brown</b>	Microchip No: <b>985100012048319</b>
Owner (if known): <b>MERRICKS STATION</b>		Address (if known): <b>Merricks Beach Rd, Merricks</b>
Person requesting examination: <b>Owner</b>		Place of examination: <b>as above</b>



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)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	<b>1.2.19</b>
Strangles	<input checked="" type="checkbox"/>	<b>1.2.19</b>
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	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>5.1cm</b>	<b>15mm</b>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					

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: <b>Air in Uterus</b>			

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: <b>Requires Caslick</b>			

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

Other comments .....

Date: <b>6.6.19</b>	Signed:
Name (please print): <b>Kylie Tiller</b>	Place stamp/write address here:
Contact Number: <b>0438 3019415</b>	<b>Red Hill Equine Vet</b>
AVA No: <b>8949</b>	<b>55 Gibb Rd</b>
VPB No: <b>3622</b>	<b>Red Hill 3937.</b>
	<b>21558</b>