**Equine Veterinarians Australia**

**A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 099 522 852**

**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:** EXOTIC RUBY  
**Age/DOB:**

**Sire:**  
**Dam:**

**Breed:** Thoroughbred  
**Colour:** Bay  
**Microchip No:** 985100012100941  
**Owner (if known):**

**Address (if known):**

**Person requesting examination:** Lushum Park Stud  
**Place of examination:** Lushum Park Stud

---

**Draw brands and/or markings:**
Mark whorls as X, scars as →

---

**Rear aspect forelegs**  
L R

**Head & muzzle**

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**Rear aspect hind legs**  
L R

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**This mare was examined (please tick):**
Under Sedation ✓  
Not Sedated  
Other Physical Restraint

**The mare was:**
Pregnant ✓  
Not Pregnant

**Reported last serve date:**

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**Ovaries**  
**N**  
**Y**  
**Total Ovarian Dimensions (Measured by U/S):**  
**Largest Follicle Diameter (Measured by U/S):**  
**Comments**

<table>
<thead>
<tr>
<th>Ovaries</th>
<th>Y</th>
<th>N</th>
<th>Total Ovarian Dimensions (Measured by U/S)</th>
<th>Largest Follicle Diameter (Measured by U/S)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Examination per Rectum</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U/S Examination</td>
<td>✓</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Left: 60 x 70 mm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Right: 40 x 39 mm</td>
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<tr>
<td>Left: 42 mm</td>
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<td></td>
<td></td>
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<tr>
<td>Right: 5 mm</td>
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</tbody>
</table>

**Uterus**  
**N**  
**Y**  
**Details**

<table>
<thead>
<tr>
<th>Uterus</th>
<th>Y</th>
<th>N</th>
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</tr>
<tr>
<td>U/S Examination</td>
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<tr>
<td>Uterine Oedema as cycling now.</td>
<td>✓</td>
<td></td>
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<tr>
<td>Uterine Cysts</td>
<td>✓</td>
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<tr>
<td>Uterine Fluid</td>
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**Comments**

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**Cervix**  
**N**  
**Y**  
**Details**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Manual Examination per Vagina</td>
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<tr>
<td>U/S Examination</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Visual Examination per Speculum</td>
<td>✓</td>
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</table>

**Comments**

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**Vagina**  
**Y**  
**N**  
**Details**

<table>
<thead>
<tr>
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<td>Visual Examination per Speculum</td>
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<tr>
<td>Comments</td>
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**Vulva**  
**Y**  
**N**  
**Details**

<table>
<thead>
<tr>
<th>Vulva</th>
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<tr>
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<tr>
<td>Comments</td>
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</tbody>
</table>

**Udder**  
**Within normal limits**

**Other comments**

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**Date:** 04-05-2020  
**Signed:**

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**Name (please print):** PETER TABAK  
**Contact Number:** 0438644494

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**AVA No:** 7263  
**VPB No:** NY13716

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