



Equine Veterinarians Australia

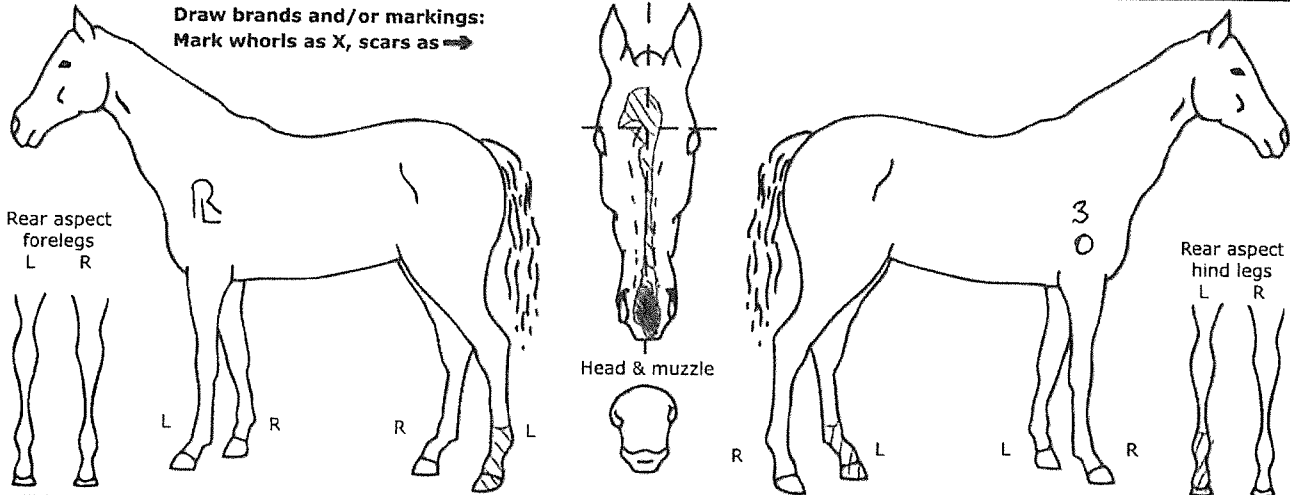
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVax Vaccine or any other medication.

VETERINARY REPORT ON BROODMARE FOR SALE

Animal presented as: ARCONAH		Age/DOB: 2010
(If unnamed) Sire:		Dam:
Breed: T/B	Colour: BAY	Microchip No: 985100010964989
Owner (if known): Robrick Lodge Thoroughbreds		Address (if known): Crossfield Rd Parkville
Person requesting examination: G. WHITE		Place of examination: ROBRICK LODGE



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	13.11.2019	Hendra (HeV)	Y	
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint	<input type="checkbox"/>				Strangles		
					EHV-1,4		

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"/>			L: 50mm x 25mm	5mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R: 60mm x 30mm	25mm	Corpus haemorrhagicum present

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:			

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:			

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

Other comments **Dioestrus.**

Date: 4.5.20	Signed: P Carrigan
Name (please print): PETER CARRIGAN	Place stamp/write address here:
Contact Number: 65451333	
AVA No: 20878	VPB No: 10090

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