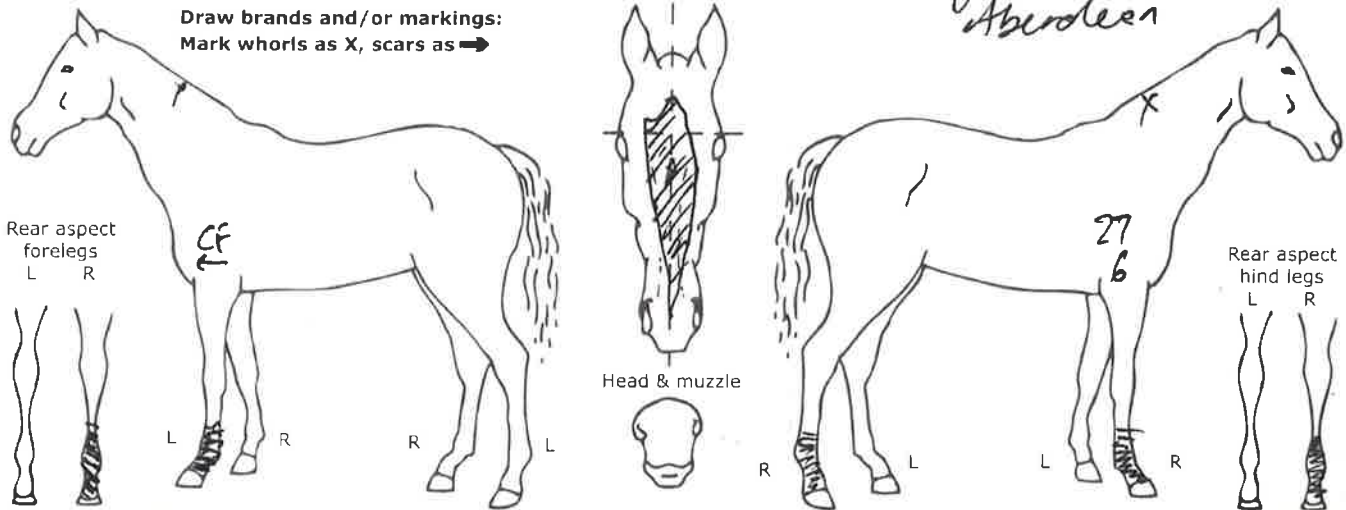




VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax[®] Vaccine or any other medication.

Animal presented as: Just Field		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Chestnut	Microchip No: 985100012114678
Owner (if known):		Address (if known):
Person requesting examination: Rachel Sofair		Place of examination: Newgate Farm Aberdeen



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)		
Tetanus		
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"/>			45x50mm	20mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			50x50mm	3mm	

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:			
Vulva	Y	N	NE
Caslicked / repairs?		<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:			
Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: 8.5.20	Signed:
Name (please print): JAMES DAWSON	Place stamp/write address here:
Contact Number: 0431 634 557	HUNTER EQUINE CENTRE
AVA No:	SCONE.
VPB No: 11657	