



Equine Veterinarians Australia

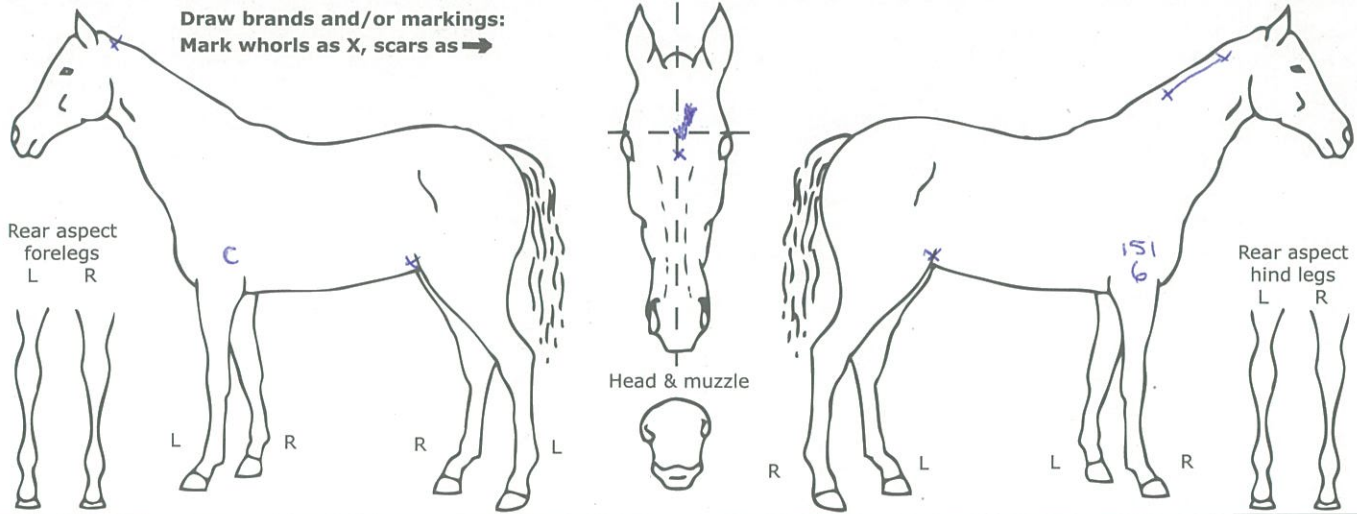
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: LUBIANA		Age/DOB: 14/09/2016
(If unnamed) Sire:		Dam:
Breed: T-BRED	Colour: BAY	Microchip No: 985 1000 12112665
Owner (if known):		Address (if known):
Person requesting examination: AQUIS FARM		Place of examination: AQUIS FARM - NSW



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

DRY/MAIDEN

Vaccination	Y/N	Date
Hendra (HeV)	Y	21/4/2020
Tetanus	Y	18/2/2019
Strangles	Y	18/2/2019
EHV-1,4	N	

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"/>			LEFT 55mm x 47mm x 50mm	20mm 2 x 4 30mm	NO ABNORMALITIES
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			RIGHT 45mm x 50mm x 30mm	33mm	

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: NO ABNORMALITIES			

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

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Date: 24/04/2020	Signed: L. Polson
Name (please print): LEANE POLSON	Place stamp/write address here:
Contact Number: 0419 292 073	
AVA No: 83037	VPB No: N9623

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