



# Equine Veterinarians Australia

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

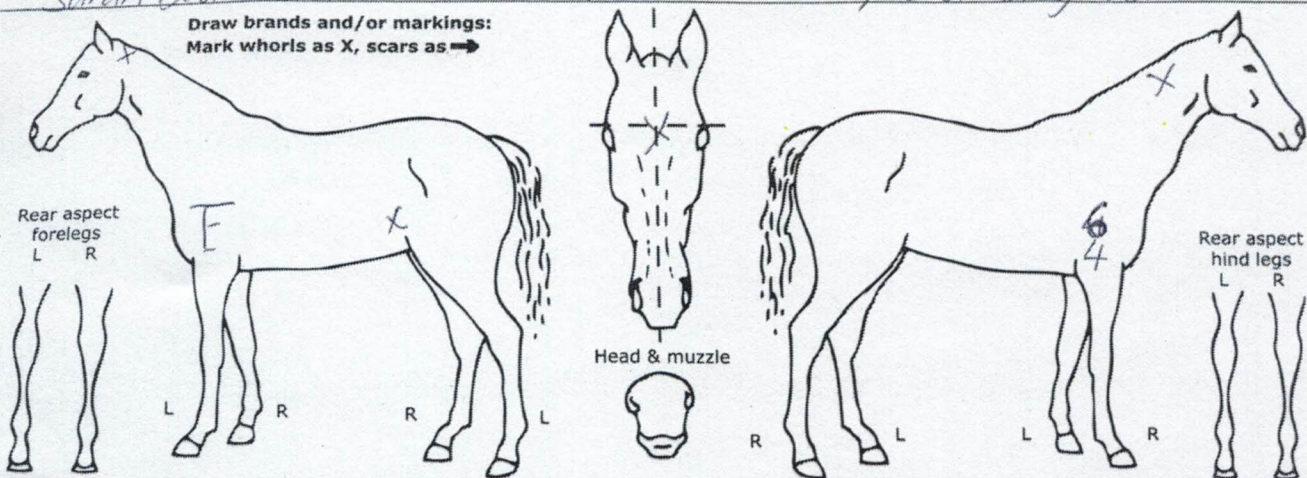


## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVet® Vaccine or any other medication.

Animal presented as: <u>Platinum Angel</u>		Age/DOB:
(If unnamed) Sire: <u>SNITZEL</u>		Dam: <u>RAPID EVENT</u>
Breed:	Colour: <u>GREY</u>	Microchip No: <u>985100012050943</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>Sarah Beaumont</u>		Place of examination: <u>Leneva, Old Longwood</u>

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



**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"/>			4cm	10cm	anaesth'd
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			4cm	10cm	anaesth'd

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:	<u>no electrical sign heard small amount uterine fluid</u>		

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 .....

Date: <u>23.04.2020</u>	Signed: <u>SMG</u>
Name (please print): <u>Stacy Mc Gregor</u>	Place stamp/write address here:
Contact Number: <u>0437870507</u>	<u>Seven Creeks Equine</u> <u>24582</u>