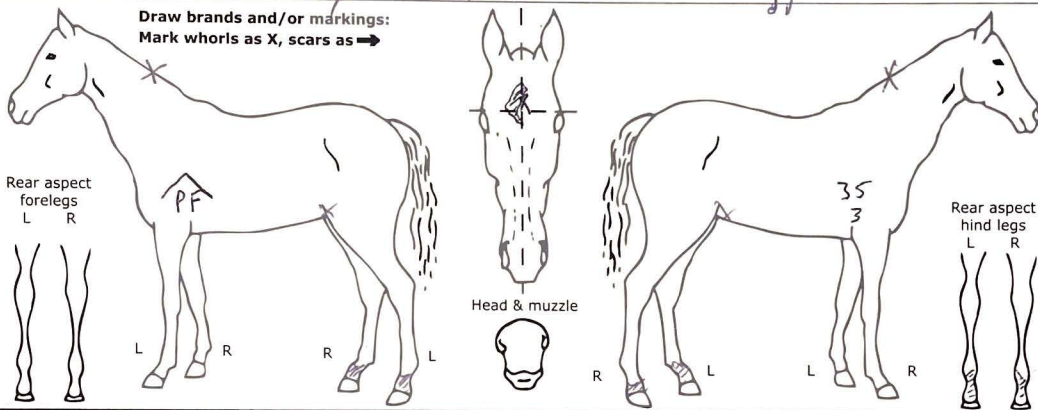




VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: <u>Spanish Reef</u>		Age/DOB: <u>1/9/2013</u>
(If unnamed) Sire: <u>Lope De Vega (IRE)</u>	Dam: <u>Lemon Reef (USA)</u>	
Breed: <u>TB</u>	Colour: <u>Bay</u>	Microchip No: <u>985100012043580</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>Mae-Louise Kelly</u>		Place of examination: <u>Fernrigs Farm</u>



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date	Vaccination	Y/N	Date
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	<u>N/A.</u>	Hendra (HeV)		
Not Sedated <input 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"/>			<u>Left 3.8x4.0cm</u>	<u>1.5cm</u>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>Right 4.0x4.1cm</u>	<u>2.2cm</u>	

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: No abnormalities detected

Date: <u>27/4/20.</u>	Signed: <u>Paarraig Kelly</u>
Name (please print): <u>PAARRAIG KELLY</u>	Place stamp/write address here:
Contact Number: <u>0421676571</u>	<u>3367 Golden Highway</u>
AVA No: <u>67937</u>	<u>Jerrys Plains</u>
VPB No: <u>N8631</u>	<u>NSW 2330</u>