



# Equine Veterinarians Australia

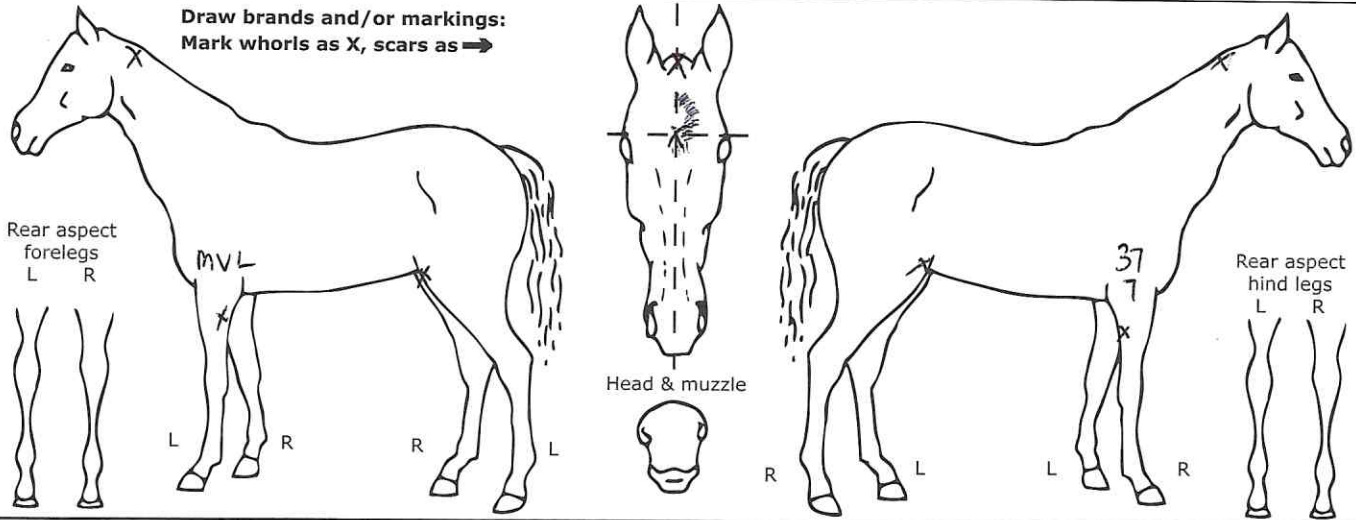
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 EquiV<sup>®</sup> Vaccine or any other medication.

Animal presented as: <b>MILDRED</b>		Age/DOB: <b>21/9/2017</b>
(If unnamed) Sire: <b>HINCHINBROOK</b>		Dam: <b>TEMPEST TOST</b>
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012126035</b>
Owner (if known): <b>NEVILLE BEGG</b>		Address (if known): <b>DIRNASTEER ROAD, LOOTAMUNORA NSW</b>
Person requesting examination: <b>OWNER</b>		Place of examination: <b>TWIN HILLS STUD</b>



**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

**NIL**

Vaccination Y/N Date

Hendra (HeV)	<b>N</b>	
Tetanus	<b>N</b>	
Strangles	<b>N</b>	
EHV-1,4	<b>N</b>	

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/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>LO: 45mm; RO: 52mm</b>	<b>LO: 22mm RO: 21mm</b>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
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: <b>very slight eversion of the external vulval lips*</b>			

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

Other comments **\*Vulval seal remains adequate.**

Date: <b>27-4-21</b>	Signed: <i>[Signature]</i>
Name (please print): <b>DR JESSICA SAHO</b>	Place stamp/write address here:
Contact Number: <b>0499800982</b>	<b>23107</b> <b>273 Oura road</b> <b>NORTH WAGGA, NSW 2650</b> <b>PH: 0422 154 301</b>
AVA No: <b>20817</b>	