



Equine Veterinarians Australia

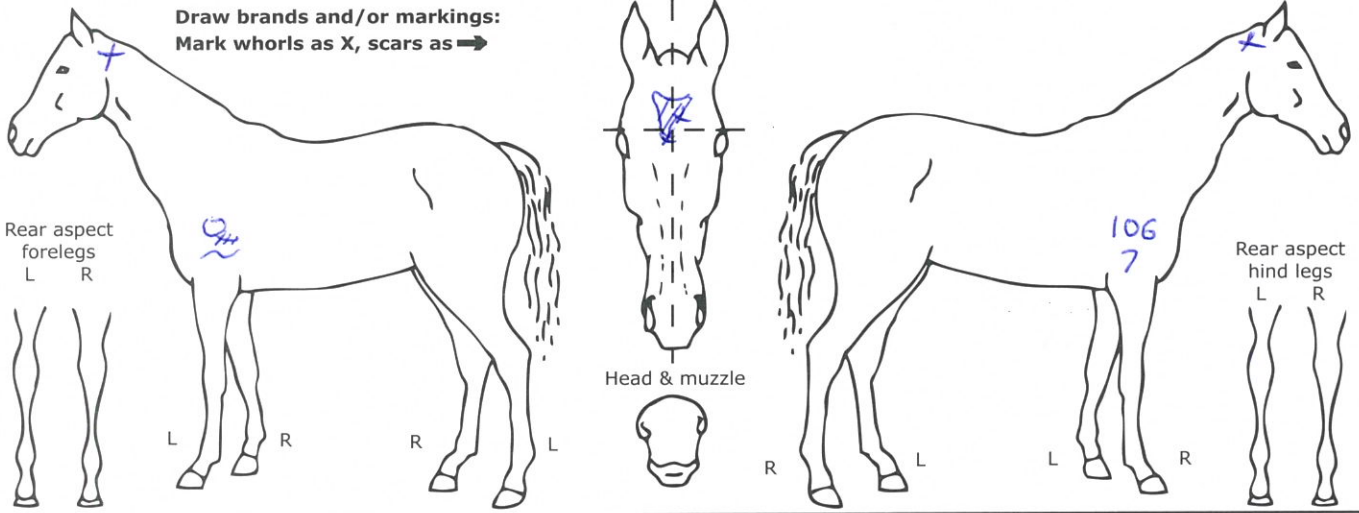
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: <u>MACPOURA</u> | | Age/DOB: <u>2017</u> |
| (If unnamed) Sire: _____ | | Dam: _____ |
| Breed: <u>T/B</u> | Colour: <u>B</u> | Microchip No: <u>9851 0001 2125 658</u> |
| Owner (if known): | | Address (if known): |
| Person requesting examination: <u>B. CLARKS</u> | | Place of examination: <u>SEVENTH OF STUD</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"/> | <input type="text"/> | Hendra (HeV) | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Sedated | <input type="checkbox"/> | Not Pregnant | <input checked="" type="checkbox"/> | | Tetanus | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Physical Restraint | <input type="checkbox"/> | | | | Strangles | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | EHV-1,4 | <input type="checkbox"/> | <input type="checkbox"/> |

| Ovaries | | NL | Ab | NE | | NL | Ab | NE | Total Ovarian Dimensions | Largest Follicle Diameter | Comments: |
|-------------------------------|------|-------------------------------------|-------------------------------------|--------------------------|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|-------------------|
| Manual Examination per Rectum | Left | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>30x35x35mm</u> | <u>15mm</u> | <u>VISIBLE CL</u> |
| U/S Examination | Left | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>30x30x30mm</u> | <u>15mm</u> | <u>NAD</u> |

| Uterus | NL | Ab | NE |
|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Y | N | NE |
| Uterine Cysts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Uterine Fluid? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | <u>NAD</u> | | |

| Cervix | NL | Ab | NE |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Examination per Speculum | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comments: | <u>NAD</u> | | |

| Vulva | Y | N | NE |
|----------------------|--------------------------|-------------------------------------|--------------------------|
| Caslicked / repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | <u>NAD</u> | | |

| Vagina | NL | Ab | NE |
|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Examination per Speculum | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Comments: | <u>NAD</u> | | |

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

Other comments NAD = No Abnormality Detected

| | |
|---|---------------------------------|
| Date: <u>30.04.21</u> | Signed: |
| Name (please print): <u>Cameron Collins</u> | Place stamp/write address here: |
| Contact Number: <u>02 65451333</u> | |
| AVA No: <u>6517</u> | VPB No: <u>N5615</u> |

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