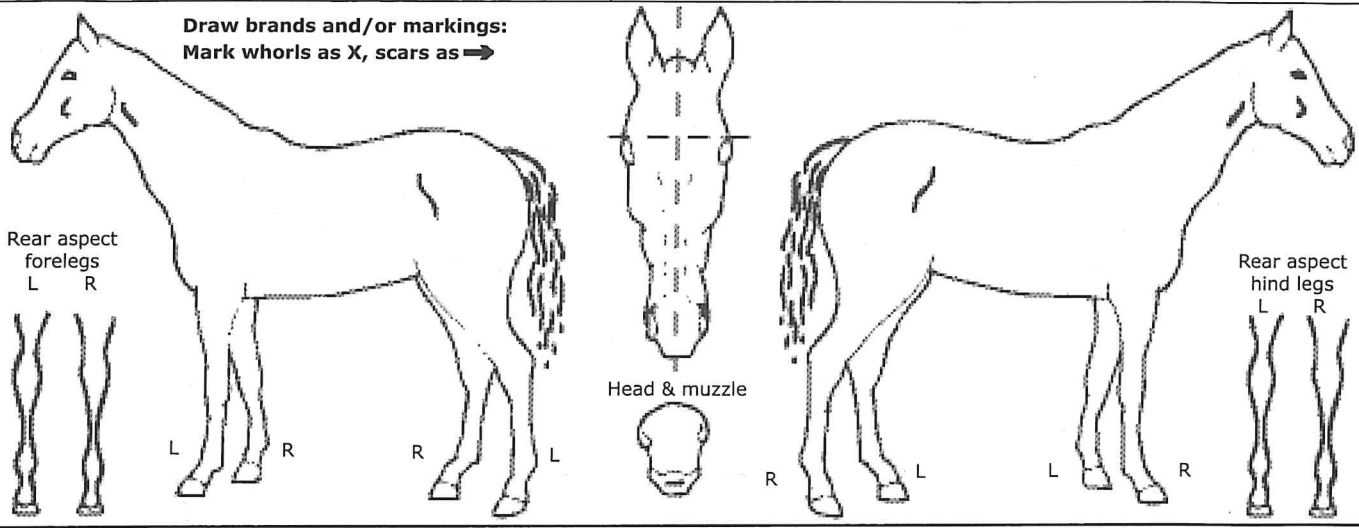


**VETERINARY REPORT ON BROODMARE FOR SALE**

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: <b>DELECTATION GRL</b>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BROWN</b>	Microchip No:
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: <b>SUPREME THOROUGHBRED</b>	

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



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text" value=""/>	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	<b>CRUSH</b>				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"/>			Right	<input checked="" type="checkbox"/>			<b>L. 4.63 x 2.27cm</b>	<b>1.42cm</b>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>R. 4 x 3.33cm</b>	<b>1cm</b>	<b>CA PRESENT</b>

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:			

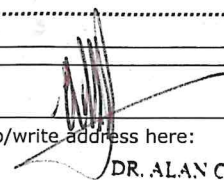
Cervix	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

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 ..... **DIDESTRUS PHASE OF CYCLE** .....

Date: <b>29/06/21</b>	Signed: 
Name (please print):	Place stamp/write address here:
Contact Number:	<b>DR. ALAN CLARK B.V.M.&amp;S., M.R.C.V.S.</b>
AVA No: <b>17597</b>	<b>CILL DARA</b>
VPB No: <b>3602</b>	<b>118 PARKVIEW DRIVE,</b>
	<b>LANCEFIELD, VIC. 3435</b>
	<b>TEL: 0458 006 363</b>