



Equine Veterinarians Australia

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

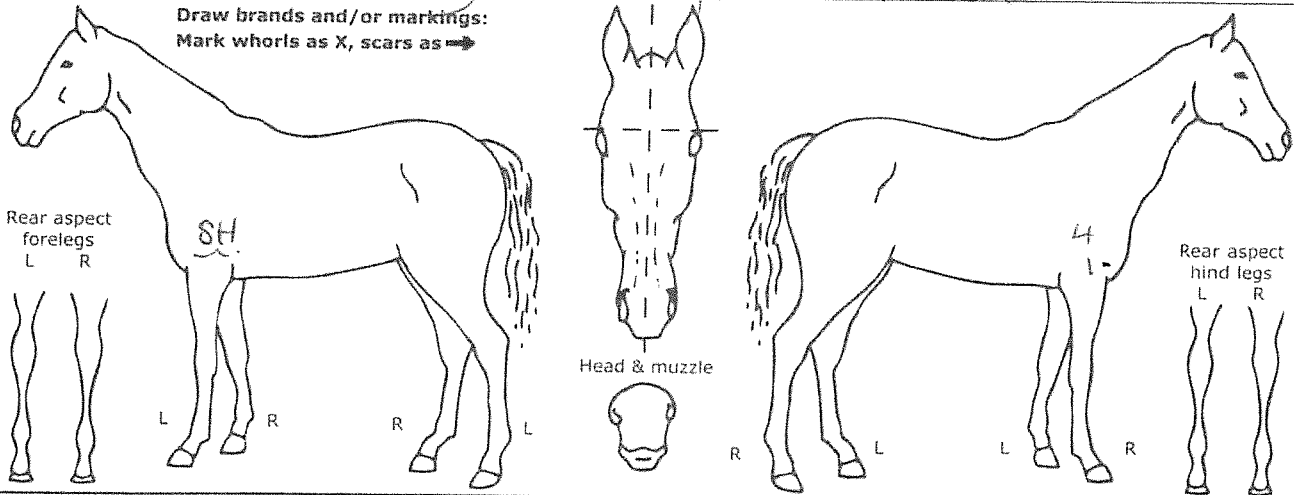
26058



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>Amee</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour:	Microchip No: <u>985 1000 12016229</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>E. Haoy</u>		Place of examination: <u>Harrison, Seagr</u>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination Y/N Date		
Under Sedation	<input 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				Right				<u>R 65mm</u>	<u>40mm</u>	
U/S Examination	Left				Right				<u>L 45mm</u>	<u>10mm</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"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<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>04.5.21</u>	Signed: <u>[Signature]</u>
Name (please print): <u>B. BESTER</u>	Place stamp/write address here:
Contact Number: <u>0458208956</u>	<u>HEC</u>
AVA No: <u>1846</u>	VPB No: