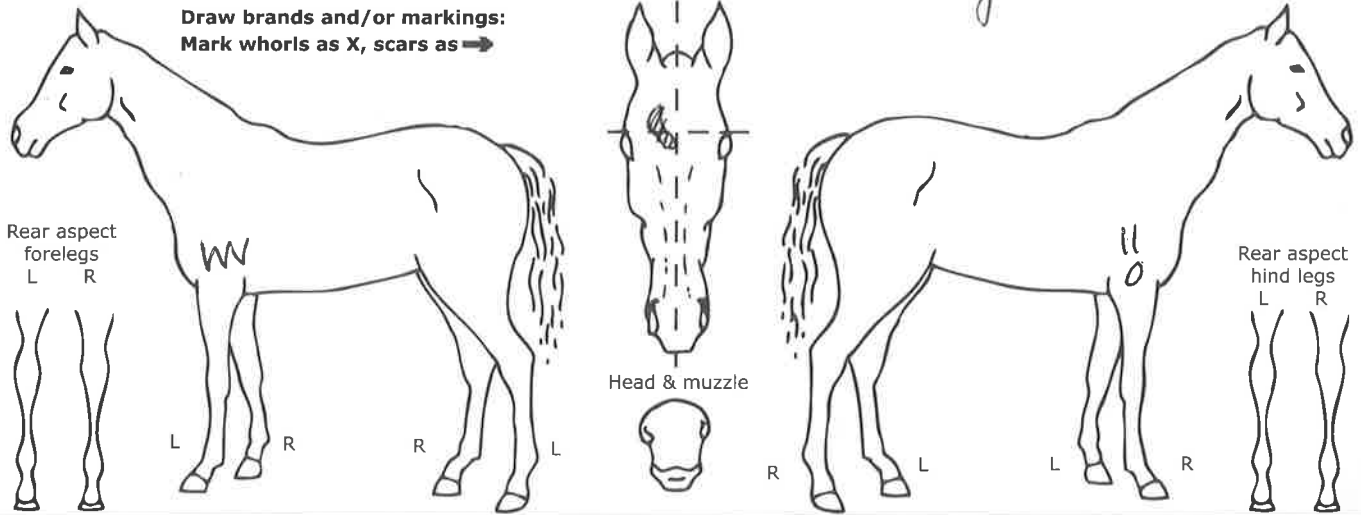




VETERINARY REPORT ON BROODMARE FOR SALE

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: BRILLIANT BISC		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985 1000 10966 352
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: Newgate	



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"/>		Hendra (HeV)		
Not Sedated <input checked="" 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/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			5x5 RO 4x3 LO	10mm RO 5mm LO	2x CL RO 10mm cyst left

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 **15.2hh**

Date: 3.5.21	Signed:
Name (please print):	Place stamp/write address here:
Contact Number:	
AVA No:	VPB No: 11657

