



# Equine Veterinarians Australia

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

# 27479

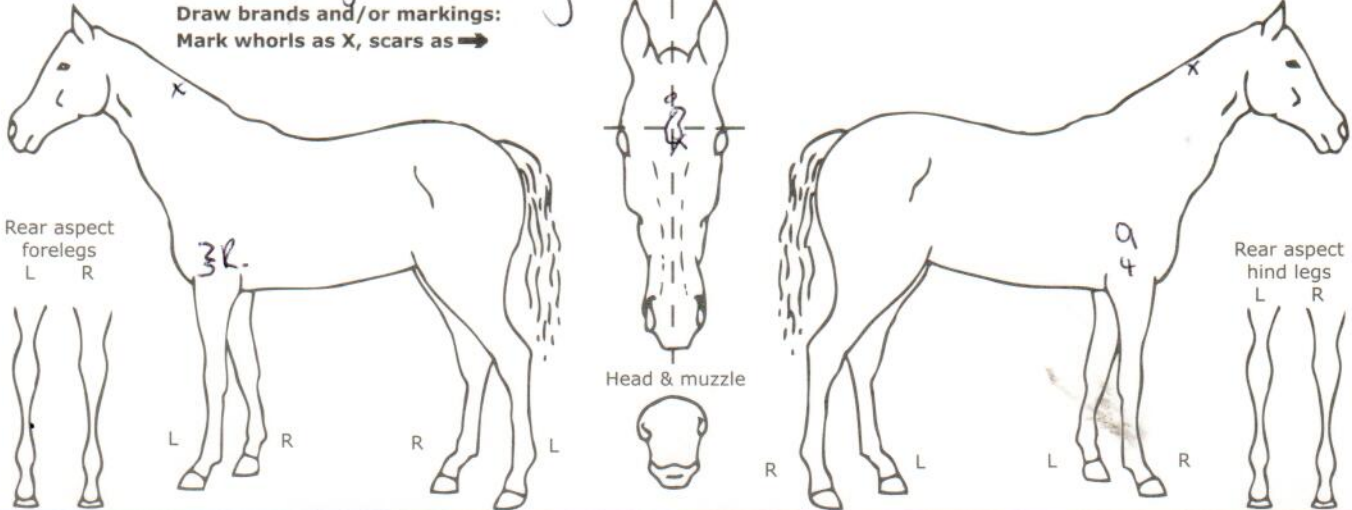


## VETERINARY REPORT ON BROODMARE FOR SALE

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: <b>Colosimo</b>		Age/DOB: <b>2014</b>
(If unnamed) Sire: <b>Foxwedge</b>		Dam: <b>Take Charge</b>
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>985 1000 120 48437</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>Fergal Connolly</b>		Place of examination: <b>Valiant Stud</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	Pregnant	<b>17-11-20</b>	Hendra (HeV)		
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus		
Other Physical Restraint			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"/>			<b>LO 4.3 x 3</b>	<b>22</b>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>LO 5.3 x 4.7</b>	<b>33 ocl</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:	<b>Small amount fluid + some pedina</b>		

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 .....

Date: <b>03-05-21</b>	Signed: <i>Brianna Pownall</i>
Name (please print): <b>Brianna Pownall</b>	Place stamp/write address here:
Contact Number: <b>02 6545 1522</b>	<b>RUBROOK EQUINE</b> <b>VETERINARY CLINIC</b> <b>02 6545 1522</b> <b>Manan Road</b> <b>2227</b>
AVA No: <b>11 676</b>	