

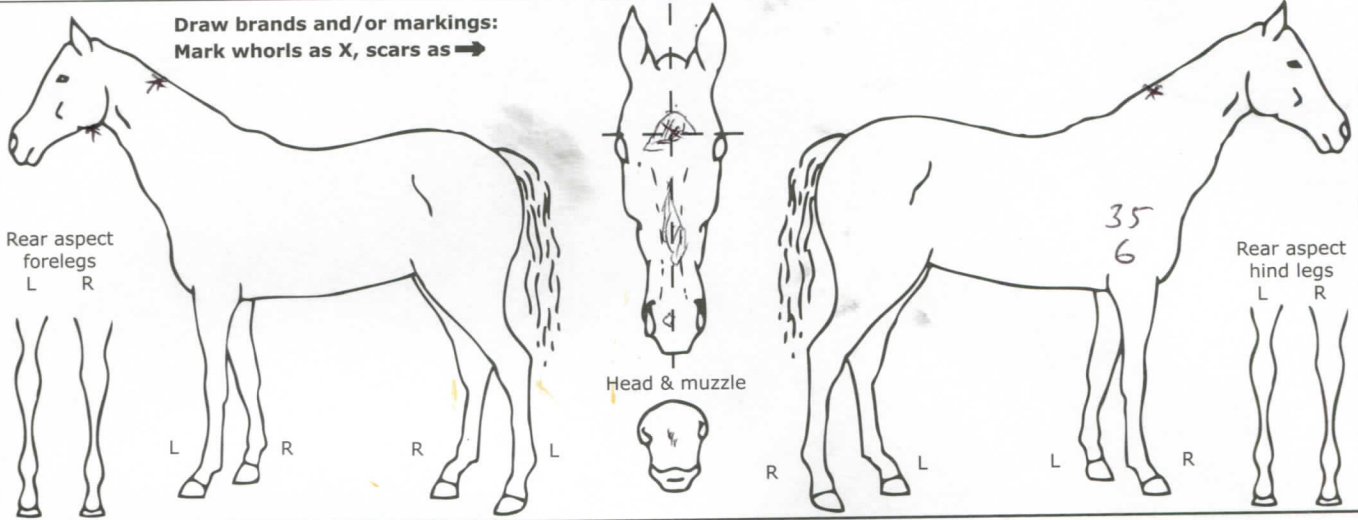


## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiV<sup>®</sup> Vaccine or any other medication.

Animal presented as: <b>FULMINA</b>		Age/DOB: <b>2016</b>
(If unnamed) Sire: <b>STEPH SNITZEL</b>	Dam: <b>INCHITA</b>	
Breed: <b>THOROUGHBRED</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>9851000 121 20 416</b>
Owner (if known):	Address (if known):	
Person requesting examination: <b>CORUMBENE</b>	Place of examination: <b>CORUMBENE</b>	

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



**This mare was examined** (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

**The mare was** (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date

**Vaccination** Y/N Date

Hendra (HeV)	<b>N</b>	
Tetanus		
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"/>			59 x 31 <del>73 x 16</del>	23 x 16	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			63 x 43	28 x 28	

Uterus	NL	Ab	NE
Manual Examination per Rectum			
U/S Examination			
	<b>Y</b>	<b>N</b>	<b>NE</b>
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?	<input checked="" type="checkbox"/>		
Comments:	15mils grade one		

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>3/5/21</b>	Signed:
Name (please print): <b>JACK HOLMAN</b>	Place stamp/write address here:
Contact Number: <b>6372 21 05</b>	
AVA No: <b>79956</b>	VPB No: <b>V11401</b>