



Equine Veterinarians Australia

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



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: **DINNICAN** LOT 200 Age/DOB: 2014

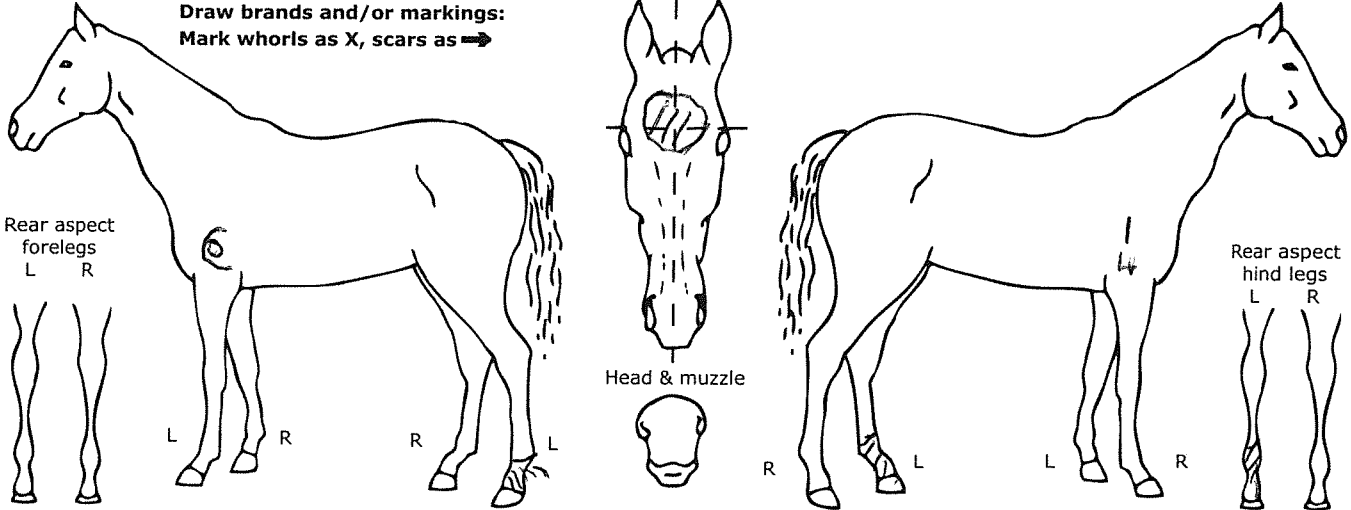
(If unnamed) Sire: **SMITZEL** Dam: **FASHION Rocks**

Breed: **T' BREED** Colour: **BAY** Microchip No: **98510012650516**

Owner (if known): **AQUIS** Address (if known):

Person requesting examination: **MR E ISSACS** Place of examination: **REVERSON STABLES WARRIEWAH NSW**

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



his 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)		
Tetanus		
Strangles		
EHV-1,4		

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	X			Right	X			8x5cm	3.5cm	Normal
U/S Examination	Left	X			Right	X			7x4cm	2cm	Normal

Uterus	NL	Ab	NE
Manual Examination per Rectum	X		
U/S Examination	X		
	Y	N	NE
Uterine Cysts?		X	
Uterine Fluid?		X	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	X		
U/S Examination	X		
Visual Examination per Speculum			
Comments:			
Vulva	Y	N	NE
Caslicked / repairs?		X	
Comments:			Normal

Vagina	NL	Ab	NE
Manual Examination per Vagina	X		
U/S Examination	X		
Visual Examination per Speculum			
Comments:			

Udder	NL	Ab	NE
Visual Examination	X		
Manual Examination			
Comments:			

Other comments

Date: **12th APRIL, 2018**

Name (please print): **DR. C. V. MASH**

Contact Number: **0411 288166**

VA No: **630** VPB No: **N149**

Signed: *[Signature]*

Place stamp/write address here: **REC 3 JANE KNOWLTON NSW 2031 21951 (02) 93897722**