



# Equine Veterinarians Australia

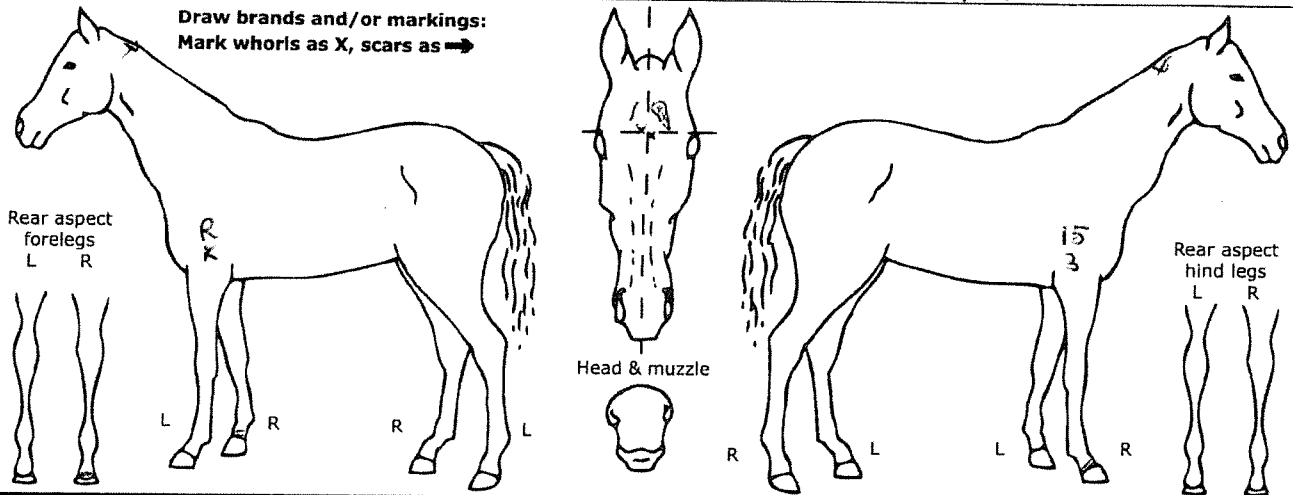
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

## 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 EquiVacc® Vaccine or any other medication.

Animal presented as: <b>HITTITE</b>		Age/DOB: <b>30/08/2013</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>985100012028033</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>JOHN KELLY</b>		Place of examination: <b>NEWHAVEN PARK</b>



<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	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text" value=""/>	Hendra (HeV)	<input type="checkbox"/>	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	17-06-16
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>	17-06-16
					EHV-1,4	<input type="checkbox"/>	

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"/>					

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 volume anechoic fluid, EF3</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:			

Vulva	Y	N	NE
Caslicked / repairs?		<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:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

**Other comments** .....

Date: <b>6-4-18</b>	Signed:
Name (please print): <b>BRIANNA VANDYKE</b>	Place stamp/write address here:
Contact Number: <b>(02) 63414010</b>	<b>Pepper Tree Farm 20850</b>
AVA No: <b>21946</b>	VPB No: <b>N9716</b>



**Pepper Tree Farm**  
**Equine Clinic**  
25 Canowindra Rd  
Cowra NSW 2794  
www.ptfequineclinic.com.au