



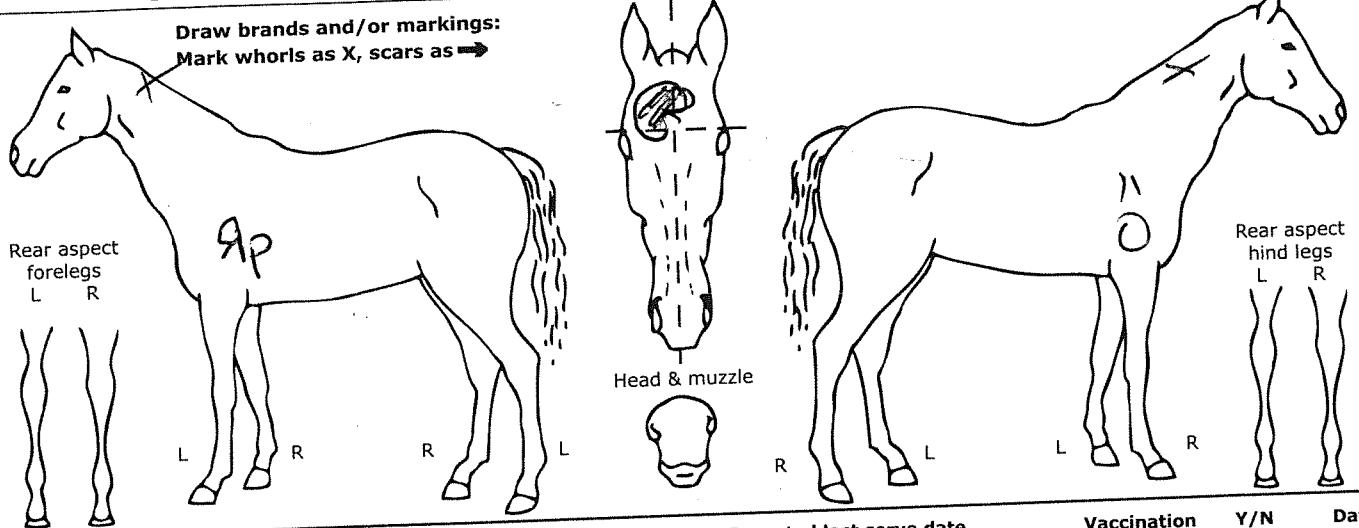
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VETERINARY REPORT ON BROODMARE FOR SALE

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: **Nakusha** Age/DOB: _____
 (If unnamed) Sire: _____ Dam: _____
 Breed: **TB** Colour: **Bay** Microchip No: **9851 00010973495**
 Owner (if known): _____ Address (if known): _____
 Person requesting examination: **S. Sullivan** Place of examination: **Noorcher Park, Vic**

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



This mare was examined (please tick)

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" 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)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<input checked="" 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"/>	<input checked="" type="checkbox"/>		Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		L 5.2 x 4.9 R 5.2 x 4.9	L 27mm R 27mm	
U/S Examination	Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		R 6.1 x 5.0cm	R 39mm	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:	No abnormalities		

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:	Small defect in external cervical os		

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	Requires caslick		

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:	No abnormalities		

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	No Abnormalities		

Other comments: Cervix has small defect at "s'oblock" but internal cervical canal normal & competent. Defect unlikely to affect future fertility.

Date: **12/6/18**
 Name (please print): **S. Robinson**
 Contact Number: **0400504497**
 AVA No: **15298** VPB No: **4813**

Signed: **S. Robinson**
 Place stamp/write address here:
Dr Simon J. Robinson BVScV4813
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