

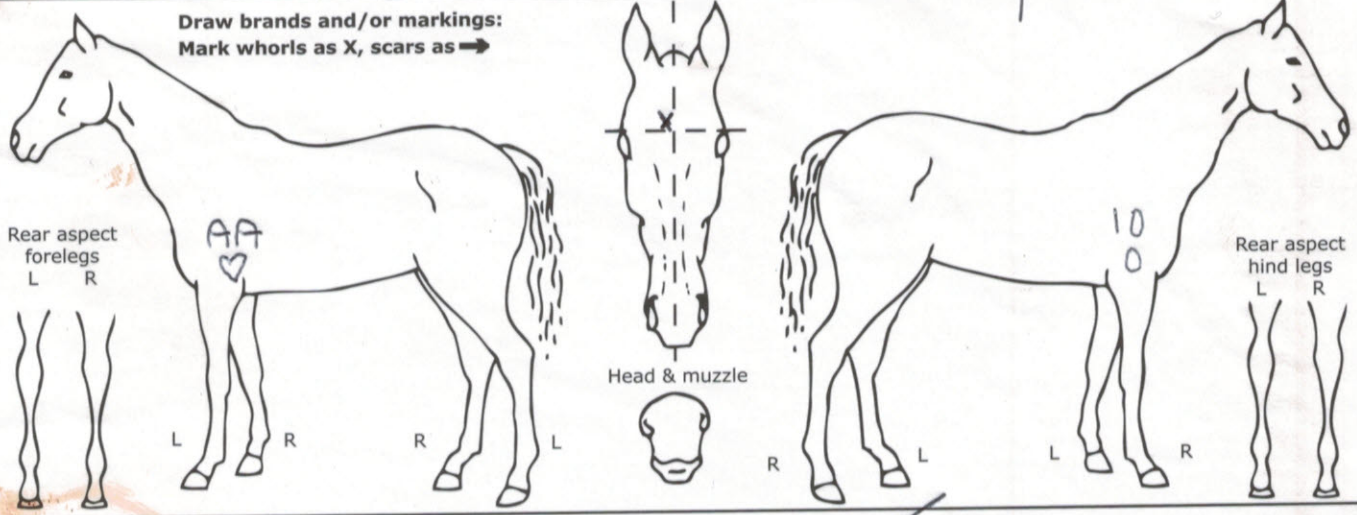


VETERINARY REPORT ON BROODMARE FOR SALE

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 or any other medication.

Animal presented as: Niminypiminy Age/DOB: \_\_\_\_\_  
 (If unnamed) Sire: Primus Dam: Dolphinora  
 Breed: TB Colour: Brown Microchip No: 985100010978195  
 Owner (if known): M. Jackson Address (if known): \_\_\_\_\_  
 Person requesting examination: M. Jackson Place of examination: 'The Lodge' Elmore

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 checked="" type="checkbox"/>

**The mare was** (please tick)

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

**Reported last serve date** \_\_\_\_\_

**Vaccination**

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	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			Left 3.5x4.5cm	10mm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			Right 4x4cm	10mm	

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:			

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: <u>extensive caslick</u>			

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

Other comments: \_\_\_\_\_

Date: 13/6/18 Signed: \_\_\_\_\_  
 Name (please print): M. Whiteford Place stamp/write address here:  
 Contact Number: 5448 5331 **Victorian Equine Group**  
 AVA No: \_\_\_\_\_ VPB No: \_\_\_\_\_ **38 Heinz Street White Hills 3550**  
**Ph (03) 5448 5331**  
**info@victorianequinegroup.com.au**

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