



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.

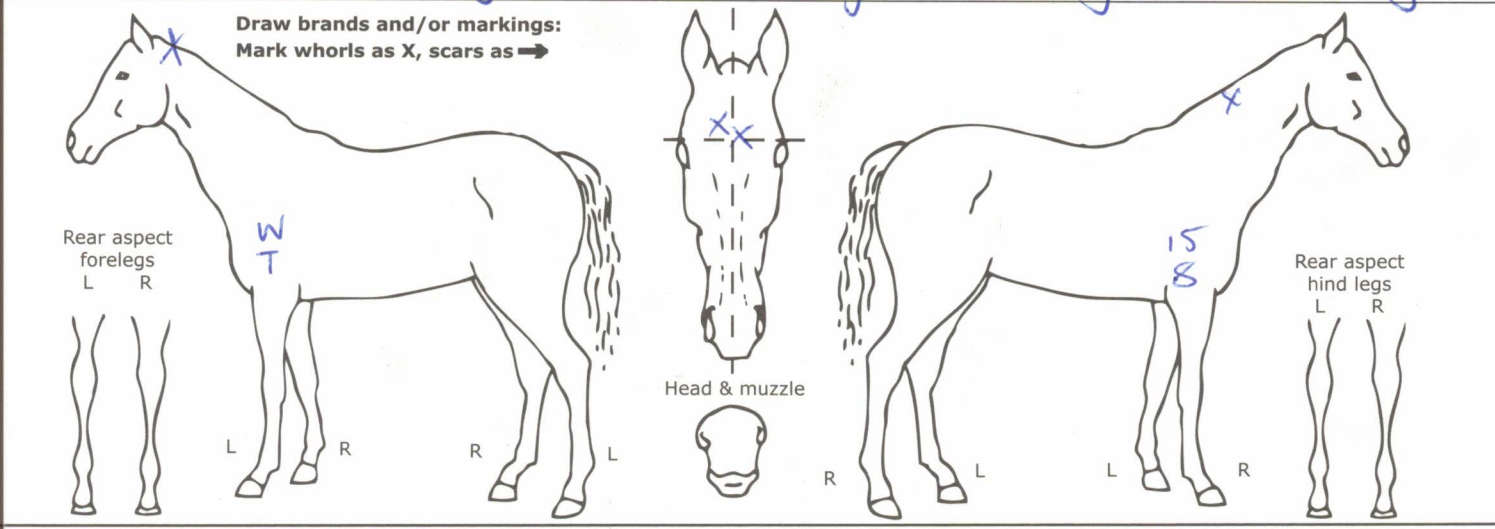
Animal presented as: **Bugaboo** Age/DOB: **2008**

(If unnamed) Sire: _____ Dam: _____

Breed: **TB** Colour: **Grey** Microchip No: **985000032007287**

Owner (if known): _____ Address (if known): _____

Person requesting examination: **Joe Murray** Place of examination: **Makybe Racing and Breeding**



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date **18/11/20**

Vaccination Y/N Date

Hendra (HeV)	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	Aug 20
Strangles	<input type="checkbox"/>	Aug 20
EHV-1,4	<input type="checkbox"/>	14/4, 15/6

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:	Pregnant		

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: **29/6/21** Signed: **K Splatt**

Name (please print): **Kylie Splatt** Place stamp/write address here:

Contact Number: **0412 509 609**

AVA No: **1744** VPB No: **3261**

24661

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