

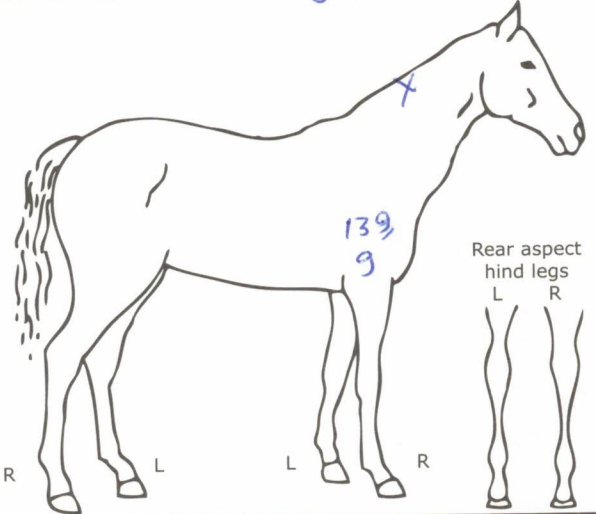
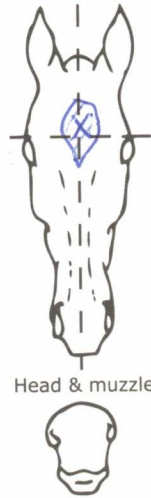
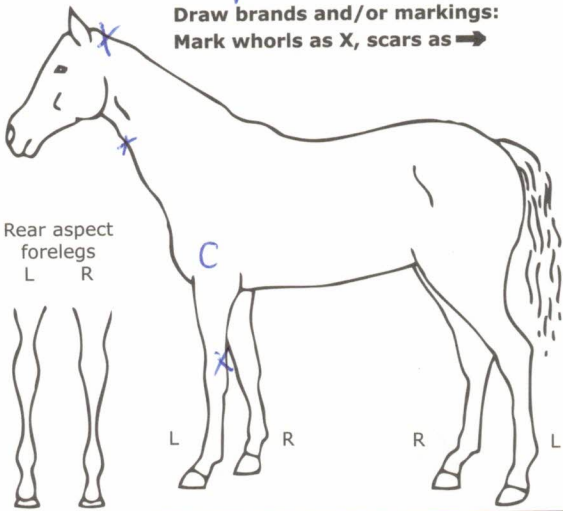


VETERINARY REPORT ON BROODMARE FOR SALE

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: Express Street		Age/DOB: 2009
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Brown	Microchip No: 985100010949782
Owner (if known):		Address (if known):
Person requesting examination: luke Simpson		Place of examination: Glenree Thoroughbreds

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



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	8/11/20	Hendra (HeV)	
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	
Other Physical Restraint	<input checked="" type="checkbox"/>	crush			Strangles	
					EHV-1,4	8/4/21, 8/6

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: [Signature]
Name (please print): Kylie Splatt	Place stamp/write address here: Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 5248018 ABN: 65078993790
Contact Number: 0412 509 609	24658
AVA No: 1744	VPB No: 3261