



# Equine Veterinarians Australia

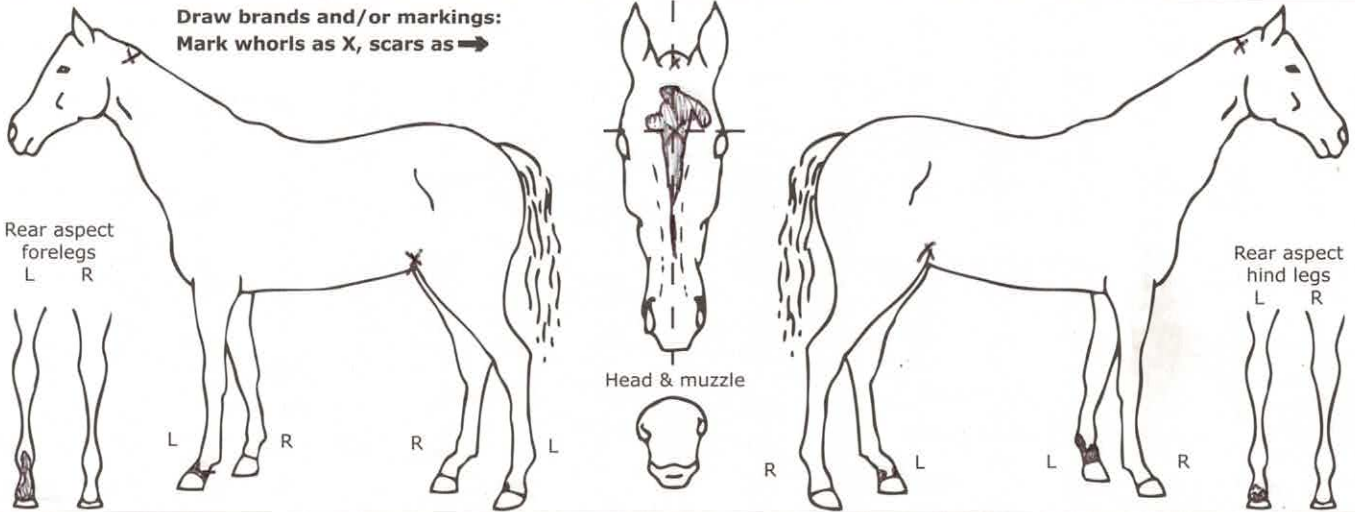
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 EquiTy® Vaccine or any other medication.

Animal presented as: <b>LADY BLAKENEY (GB)</b>	Age/DOB: <b>17-4-2017</b>
(If unnamed) Sire: <b>SHAMARDAL (USA)</b>	Dam: <b>PIMPERNEL (IRE)</b>
Breed: <b>TB</b>	Colour: <b>BAY</b>
Owner (if known):	Microchip No: <b>985101045273660</b>
Person requesting examination: <b>OWNER</b>	Address (if known): <b>OIRNASEER Rd, COOTAMUNDRRA NSW</b>
	Place of examination: <b>TWIN HILLS STUO</b>



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

**Reported last serve date**

**18-9-2020**

**Vaccination Y/N Date**

Hendra (HeV)	<b>N</b>	
Tetanus	<b>22</b>	
Strangles	<b>22</b>	
EHV-1,4	<b>Y</b>	<b>14.6.21 (2nd)</b>

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"/>
	<b>Y</b>	<b>N</b>	<b>NE</b>
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:			

**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: **1/7/21**

Name (please print): **DR JESSICA SAID**

Contact Number: **0499800982**

AVA No: **20817** VPB No: **N11430**

Signed:

Place stamp/write address here:

**Riverina Equine Veterinary Services** **23122**  
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