



Equine Veterinarians Australia

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

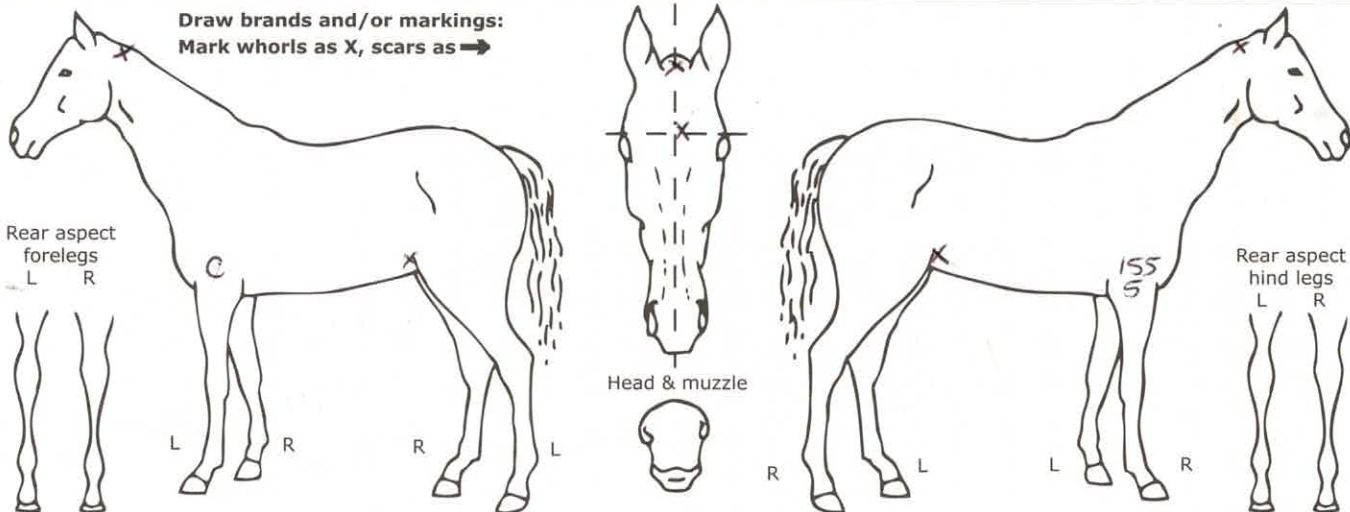


VETERINARY REPORT ON BROODMARE FOR SALE

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: "Natanya"		Age/DOB: 09-10-2015
(If unnamed) Sire: PIERRO		Dam: Shania Dane
Breed: TB	Colour: Black	Microchip No: 985100012058659
Owner (if known):		Address (if known): DIRVASEER RD, COOTAMUNDA NSW
Person requesting examination: OWNER		Place of examination: TWIN HILLS STUD

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 checked="" type="checkbox"/>

The mare was (please tick)

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

Reported last serve date

6-10-2020

Vaccination Y/N Date

Hendra (HeV)		
Tetanus		
Strangles		
EHV-1,4	Y	7.6.21 (2nd)

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:			

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:			

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

Other comments

Date: 1/7/21	Signed:
Name (please print): DR JESSICA SAID	Place stamp/write address here:
Contact Number: 04998009821	
AVA No: 20817	VPB No: N11430

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