



# Equine Veterinarians Australia

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

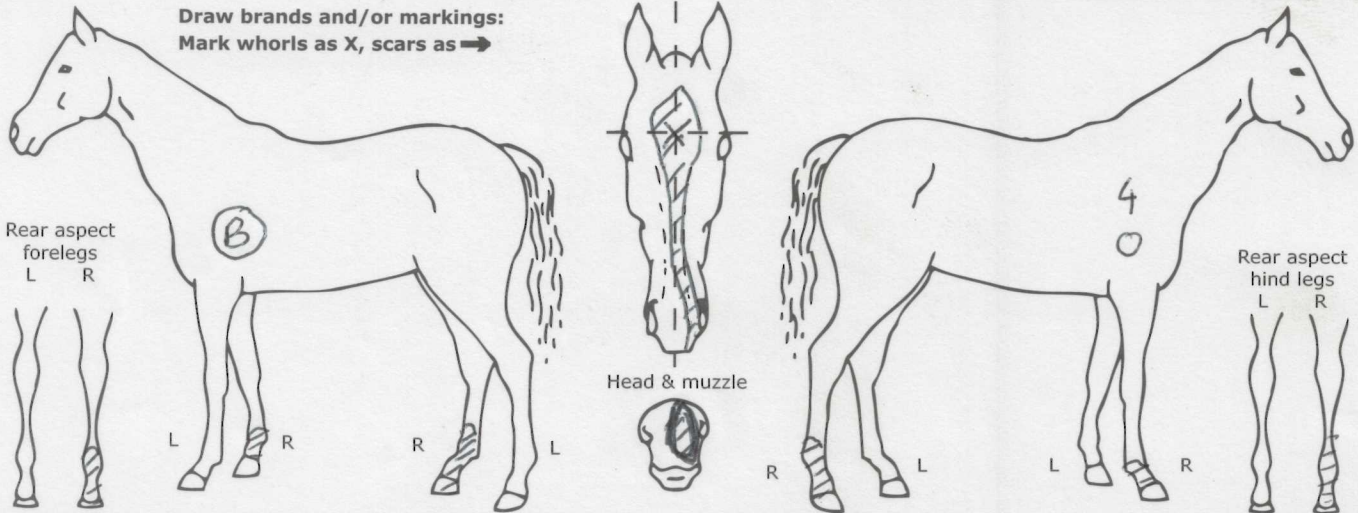
# 27302



## 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: <b>Guelder</b>                |                    | Age/DOB: <b>10ya</b>                           |  |
| (If unnamed) Sire:                                 |                    | Dam:   |  |
| Breed: <b>M</b>                                    | Colour: <b>BAY</b> | Microchip No: <b>9P5125000062164</b>           |  |
| Owner (if known):                                  |                    | Address (if known):                            |  |
| Person requesting examination: <b>Lustre Lodge</b> |                    | Place of examination: <b>Lustre Lodge, NSW</b> |  |



|   |                                     |                                   |                                     |                                 |                    |            |             |
|---|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------|--------------------|------------|-------------|
| <b>This mare was examined</b> (please tick) |                                     | <b>The mare was</b> (please tick) |                                     | <b>Reported last serve date</b> | <b>Vaccination</b> | <b>Y/N</b> | <b>Date</b> |
| Under Sedation                              | <input type="checkbox"/>            | Pregnant                          | <input checked="" type="checkbox"/> | <b>17/11/2020</b>               | Hendra (HeV)       | <b>Y</b>   |             |
| Not Sedated                                 | <input checked="" type="checkbox"/> | Not Pregnant                      | <input type="checkbox"/>            |                                 | Tetanus            | <b>Y</b>   |             |
| Other Physical Restraint                    | <input type="checkbox"/>            |                                   |                                     |                                 | Strangles          | <b>Y</b>   |             |
|   |                                     |                                   |                                     |                                 | EHV-1,4            | <b>Y</b>   |             |

| Ovaries                       |             | NL | Ab | NE |              | NL | Ab | NE | Total Ovarian Dimensions | Largest Follicle Diameter | Comments: |
|-------------------------------|-------------|----|----|----|--------------|----|----|----|--------------------------|---------------------------|-----------|
| Manual Examination per Rectum | <b>Left</b> |    |    |    | <b>Right</b> |    |    |    |                          |                           |           |
| U/S Examination               | <b>Left</b> |    |    |    | <b>Right</b> |    |    |    |                          |                           |           |

| Uterus                        | NL       | Ab       | NE        |
|-------------------------------|----------|----------|-----------|
| Manual Examination per Rectum |          |          |           |
| U/S Examination               |          |          |           |
|                               | <b>Y</b> | <b>N</b> | <b>NE</b> |
| Uterine Cysts?                |          |          |           |
| Uterine Fluid?                |          |          |           |
| Comments:                     |          |          |           |

| Cervix                          | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina   |    |    |    |
| U/S Examination                 |    |    |    |
| Visual Examination per Speculum |    |    |    |
| Comments:                       |    |    |    |

| Vulva                | Y | N | NE |
|----------------------|---|---|----|
| Caslicked / repairs? |   |   |    |
| Comments:            |   |   |    |

| Vagina                          | NL | Ab | NE |
|---------------------------------|----|----|----|
| Manual Examination per Vagina   |    |    |    |
| U/S Examination                 |    |    |    |
| Visual Examination per Speculum |    |    |    |
| Comments:                       |    |    |    |

| Udder              | NL | Ab | NE |
|--------------------|----|----|----|
| Visual Examination |    |    |    |
| Manual Examination |    |    |    |
| Comments:          |    |    |    |

Other comments .....

|                                       |                                    |
|---------------------------------------|------------------------------------|
| Date: <b>4.5.21</b>                   | Signed:                            |
| Name (please print): <b>ROB CASKA</b> | Place stamp/write address here:    |
| Contact Number: <b>0412294977</b>     | <b>WYONG EQUINE CLINIC</b>         |
| AVA No:                               | <b>30 Collins Ave Murrumbidgee</b> |
| VPB No: <b>6950</b>                   |                                    |