



Equine Veterinarians Australia

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

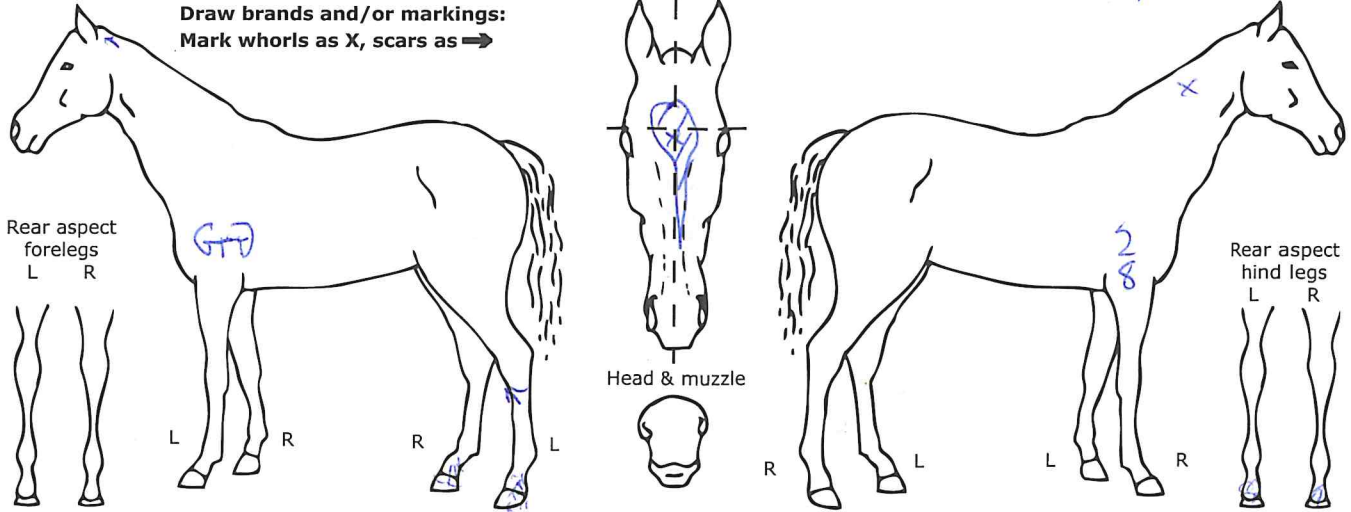


VETERINARY REPORT ON BROODMARE FOR SALE

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 Equiety® Vaccine or any other medication.

Animal presented as: LIGHT TOUCH		Age/DOB: 12yo
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 9851000 109 436 38
Owner (if known): Grovelands Park Estate		Address (if known):
Person requesting examination: Jamie Kloot		Place of examination: Strathallan Park, Diomane

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 Y/N Date

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

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

13/09/2020
served by Flying Ar he

Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Strangles	<input type="checkbox"/>	<input type="checkbox"/>
EHV-1,4	<input type="checkbox"/>	<input type="checkbox"/>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	Left	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Fluid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	Pregnant		

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

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

Other comments

Date: 3/5/21	Signed: Jacqui BVS
Name (please print): Jacqui McGregor	Place stamp: McGregor Equine Veterinary Services
Contact Number: 0429 057 037	28 Graydens Rd, Tyabb, Victoria. 3913
AVA No: 2365	VPB No: 4031
	office@mcgregorequine.com.au
	03 5979 7707 or 0429 057 037
	23368
	Dr Jacqui McGregor BVSc. V4031 AVA 2365