



Equine Veterinarians Australia

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

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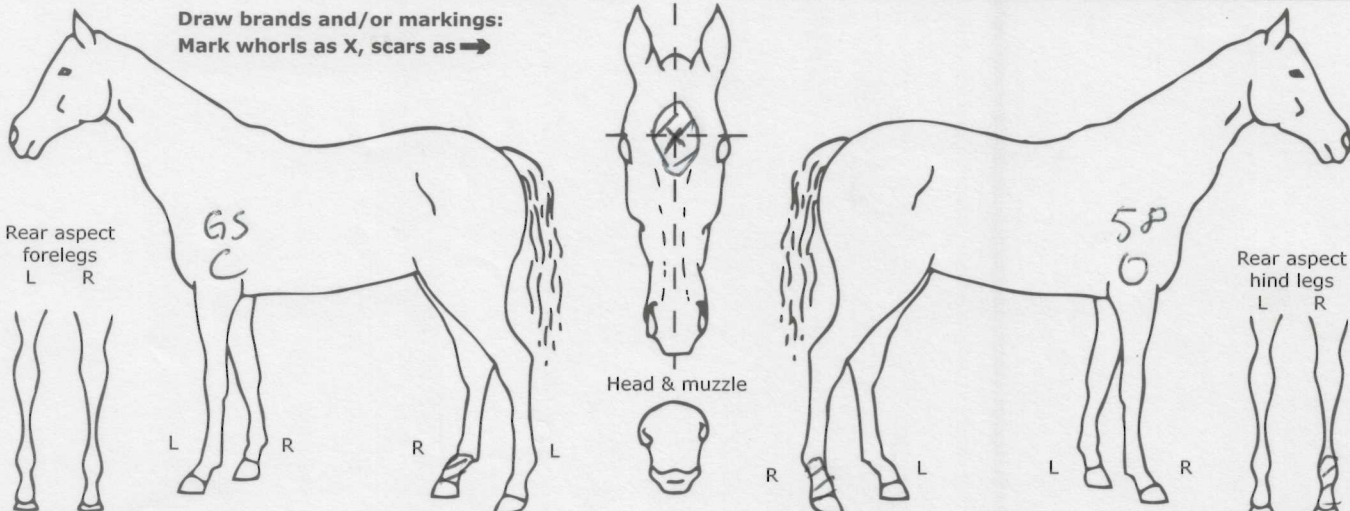


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

| | | |
|--|-------------------------|--|
| Animal presented as: <u>Mixed Emotions</u> | | Age/DOB: <u>10yo</u> |
| (If unnamed) Sire: | | Dam: |
| Breed: <u>TB</u> | Colour: <u>Chestnut</u> | Microchip No: <u>985100010977814</u> |
| Owner (if known): | | Address (if known): |
| Person requesting examination: <u>Lustre Lodge</u> | | Place of examination: <u>Lustre Lodge, NSW</u> |

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 type="checkbox"/> |

The mare was (please tick)

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

Reported last serve date

20/10/2020

| Vaccination | Y/N | Date |
|--------------|----------|------|
| Hendra (HeV) | <u>Y</u> | |
| Tetanus | <u>Y</u> | |
| Strangles | <u>Y</u> | |
| EHV-1,4 | <u>Y</u> | |

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

| Uterus | NL | Ab | NE |
|-------------------------------|----------|----------|-----------|
| Manual Examination per Rectum | | | |
| U/S Examination | | | |
| | Y | N | NE |
| 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: <u>4.5.21</u> | Signed: |
| Name (please print): <u>RUB CASLA</u> | Place stamp/write address here: |
| Contact Number: <u>0413 294977</u> | <u>WYONG EQUINE CLINIC</u> |
| AVA No: | <u>30 Collis Lane ManM.</u> |
| VPB No: <u>6950</u> | |