

### Broodmare/Race Filly Description for Sale

Date \_\_\_\_\_

Vendor: MIDDLEBROOK VALLEY LODGE

HORSE NAME NOT A ROYAL DOUBT

LOT: 297

Height (hh) 15.3 hands.

Has the mare got both ovaries?

Yes  No

If the answer is NO please provide any additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Does the mare have a parrot mouth?

Yes  No

Is the mare on Regumate or any other treatment?

Yes  No

Does the mare have any issues foaling?

Yes  No  NA

Is the mare shod or does she require special shoeing?

Yes  No

Has the mare got any issues being floated or in a crush?

Yes  No

Does the mare carry her foals a long time over normal gestation?

Yes  No  NA

Is the mare currently vaccinated against the Hendra virus?

Yes  No

Has the mare got any vices?

Yes  No

Has the mare got any eye issues - missing an eye?

Yes  No

Is the mare caslicked?

Yes  No

If you have additional comments or answered YES to any of the above please provide further details here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Equine Veterinarians Australia

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

## VETERINARY REPORT ON BROODMARE FOR SALE

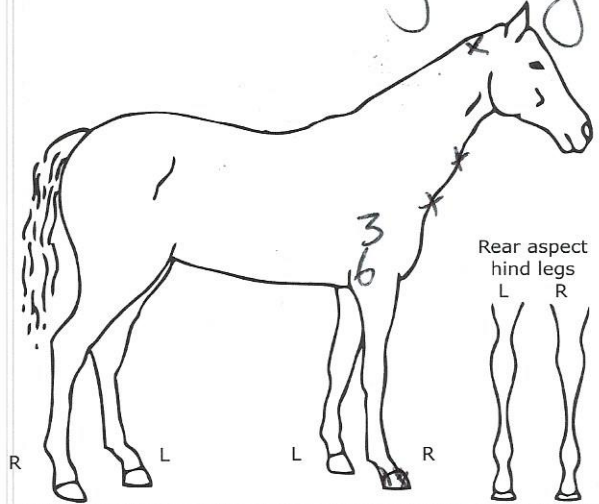
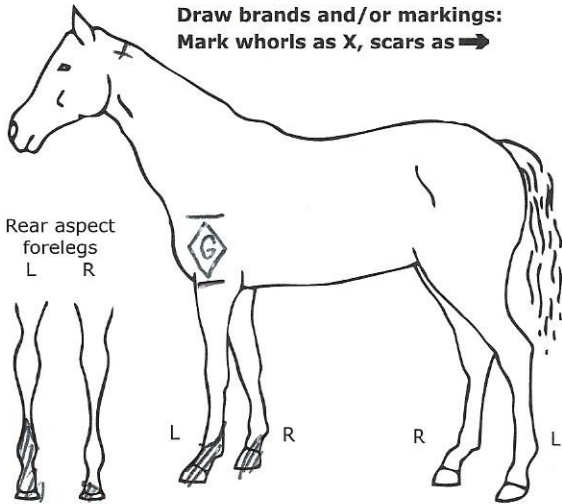
lot 297



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>Not A Royal Doubt</b>		Age/DOB: <b>3 years.</b>
(If unnamed) Sire: <b>—</b>		Dam: <b>—</b>
Breed: <b>Thoroughbred</b>	Colour: <b>bay</b>	Microchip No: <b>985100012115292</b>
Owner (if known): <b>as agent Middlebrook Valley Lodge</b>		Address (if known):
Person requesting examination: <b>as above.</b>		Place of examination: <b>Middlebrook Valley Lodge</b>

Draw brands and/or markings:  
Mark whorls as X, scars as →



**This mare was examined** (please tick)

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

**The mare was** (please tick)

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

**Reported last serve date**

—


(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>40 mm</b>	Left: <b>15 mm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>40 mm</b>	Right: <b>15 mm</b>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder					
Visual Examination	<b>normal appearance</b>				
Manual Examination	<b>no abnormalities.</b>				

Other comments

Date: <b>1/5/20</b>	Signed:
Name (please print): <b>David O'Meara</b>	Place stamp/write address here: <b>10394</b>
Contact Number: <b>6545 1333</b>	<b>Scone Equine Hospital</b>
AVA No: <b>6233</b>	<b>106 Liverpool St</b>
VPB No: <b>5561</b>	<b>Scone NSW 2337</b>

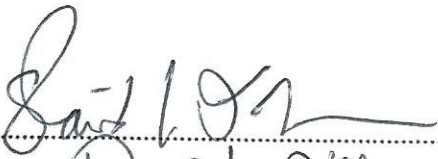
## INGLIS SALE - VETERINARY DECLARATION OF HEALTH

Date..... 1/5/20  
Horse Name NOT A ROYAL DOUBT  
Lot Number 297  
Brands (NS)  (OS) 3 over 6  
Microchip No 985100012115292  
Property Address MIDDLEBROOK ROAD  
SCORE NSW 2337

I have examined the above-named horse prior to being offered online and found it to be free of symptoms of infectious disease.

The horse's temperature is within normal ranges and it shows no signs of respiratory distress or exhibits any known symptoms of Hendra Virus.

The property of origin has not been the site of a suspected Hendra Virus case or unexplained death within the previous month.

Signed   
Print Name David O'Meara  
Veterinary Registration No NSW 556  
Address Score Equine Hospital  
Liverpool Street Score  
Phone No 02 / 6545 1333