



Equine Veterinarians Australia

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

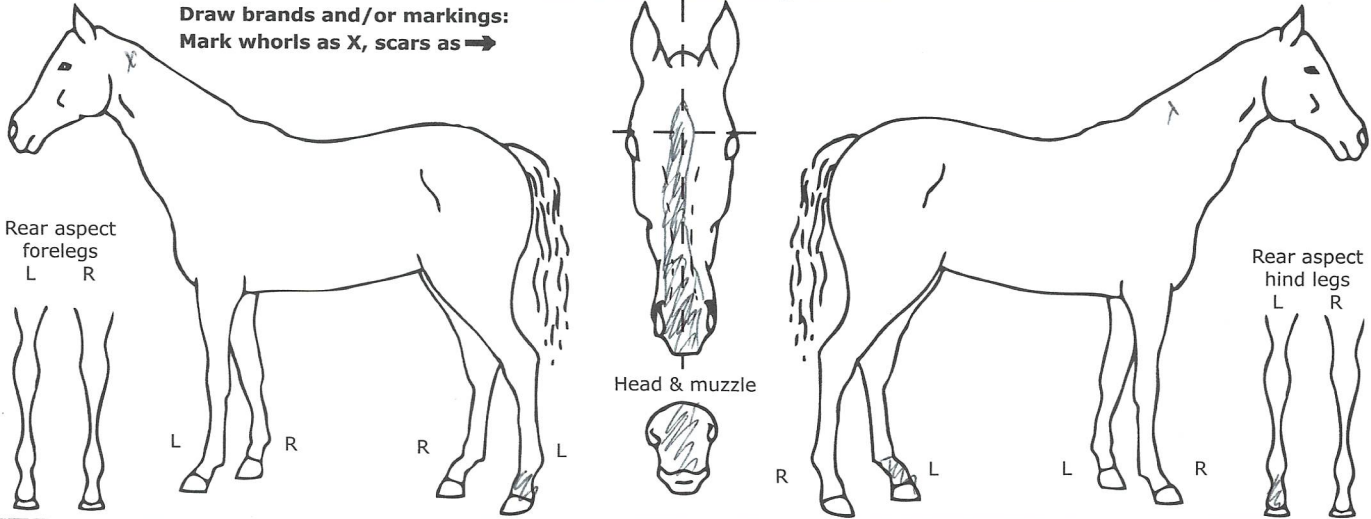


VETERINARY REPORT ON BROODMARE FOR SALE

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: <u>Ladybe Lucky</u>		Age/DOB:
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>Bay</u>	Microchip No: <u>981020031326624</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>A Mackwell</u>		Place of examination: <u>Bell view Park.</u>

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 checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	<input type="text"/>	Hendra (HeV)	<input type="checkbox"/>	<input type="checkbox"/>
Not Sedated <input type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Other Physical Restraint <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 type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L 60 mm	R 25 mm	
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R 45 mm	R 25 mm	

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

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

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

Vulva	Y	N	NE
Caslicked / repairs?	<input type="checkbox"/>	<input checked="" 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: <u>16/5/24</u>	Signed:
Name (please print): <u>M Brown</u>	Place stamp/write address here: <u>Illawarra</u>
Contact Number: <u>02 4447 488</u>	