

Animal presented as:

(If unnamed) Sire:

## Equine Veterinarians Australia

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



Age/DOB:

## **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.

Dam:

birl.

Reliable

Person requesting examination:  Mack vell  Place of examination:  Bell View Park  Bear apport  Frequence (Place of examination:  Bell View Park  Rear apport  Frequence Vinder Sectation  Vinder	Breed: TB	Colour:	Bay.	Microchi	p No:	985	125000091	5429		-	
This mare was examined (please title)  The mare was (please 5kl)  Reported last serve date  Vaccination V/N Date  Incompension	Owner (if known):  Address (if known):										
This mare was examined (please tick)  The mare was (please tick)  Reported last serve date  The perfect of the property of the property of the property of the perfect of the	Person requesting examina	hvell Pla									
The mare was examined (please tick) Under Sedation Not Pregnant Not Pr	Draw brands and/or markings:										
This mare was examined (please tick) Under Sedation Not Pregnant Not P											
The mare was examined (please tick) Under Sedation Not Pregnant Not Pr											
Head & muzzle   R   R   R   R   R   R   R   R   R	forelegs ( S										
This mare was examined (please tick) Under Sedation Vinot Sedated Other Physical Restraint    Not Pregnant   No											
This mare was examined (please tick) Under Sedation Vox Sedated Other Physical Restraint    Not Pregnant   Not Pregnant   Not Pregnant   Vacination   V/N   Date	$\left\langle \left( \begin{array}{ccc} \left( \left( \right) \right) \right) \right) \\ \end{array} \right) \right) \end{array} \right) \right) \right\rangle \right\rangle \right\rangle$										
Pregnant			R R .		A s	<del>フ</del> ,	. 9R			<u> </u>	
Not Sedated Other Physical Restraint    Not Pregnant   Visual Examination   Erit   Visual Examination   Visual Exa		<del>/</del> i. —		Reporte	d last ser	ve date			N I	Date	
Cervix   NL   Ab   NE   NE   NL   Ab   NE   NE   NL   Ab   NE   NE   NE   NE   NE   NE   NE   N			<del></del>					<del></del>			
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Manual Examination per Rectum	U/S Examination Left V	Right	R-	2							
per Rectum	Uterus NL A	b NE	Cervix	NL Ab	NE		Vagina	NL	Ab	NE	
Uterine Cysts?  Uterine Fluid?  Uterine Fluid?  Comments:  Uterine Fluid?  Visual Examination / per Speculum / per Speculum / comments:  Uterine Fluid?  Vulva Y N NE  Caslicked / repairs? / Signed:  Comments:  Other comments  Date: 2 6/2 ~ Signed:  Name (please print): M & Column   Place stamp/write address here:			i	✓				/			
Uterine Cysts?  Uterine Fluid?  Comments:  Vulva Y N NE  Caslicked / repairs?  Comments:  Udder NL Ab NE  Visual Examination V Manual Examination Comments:  Comments:  Other comments  Date: 2 6/2   Name (please print): M & Comments Manual Example Place stamp/write address here:	U/S Examination		U/S Examination	1			U/S Examination	✓	_		
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