



Equine Veterinarians Australia

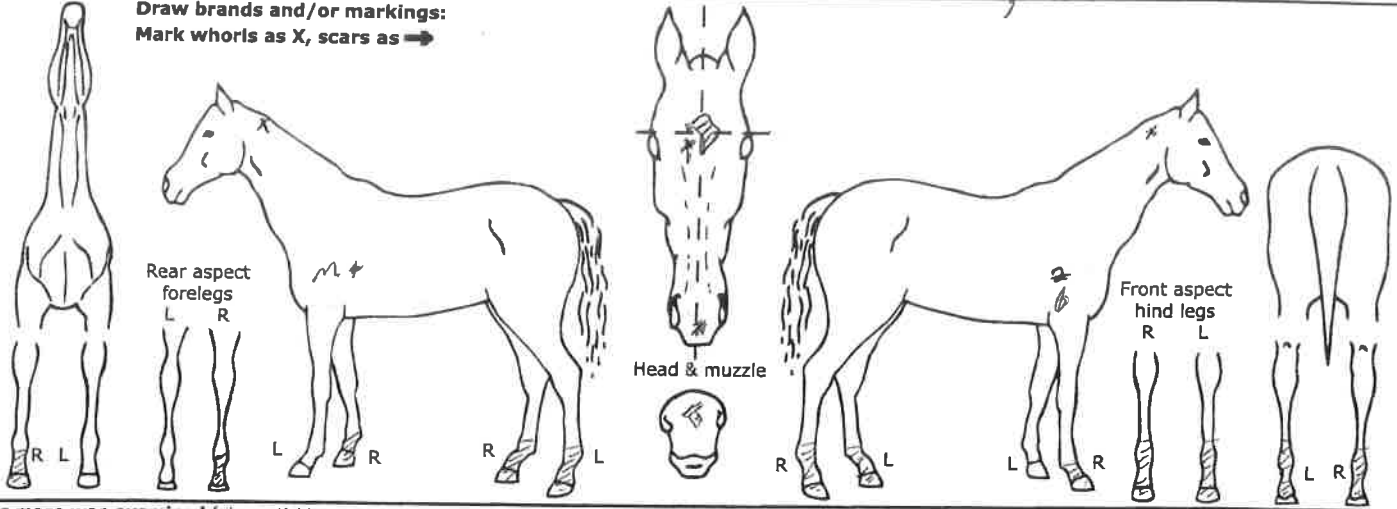
A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 008 522 952



VETERINARY REPORT ON BROODMARE FOR SALE

| | | |
|---|----------------------|--|
| Animal presented as: HEARTS AND FLOWERS | | Age/DOB: 2006 |
| (If unnamed) Sire: | | Dam: |
| Breed: TB | Colour: Brown | Microchip No: 985100010904069 |
| Owner (if known): M. VAN DE WEL | | Address (if known): |
| Person requesting examination: L. Smith | | Place of examination: BULKWEE FARM, WHEENROWAN |

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"/> |

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

| Ovaries | Y | N | Total Ovarian Dimensions | Largest Follicles Diameter | Comments |
|--------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|----------|
| Manual examination | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | Left | | |
| | | | Right | | |

| Uterus | Y | N | Details |
|--------------------|-------------------------------------|--------------------------|---------|
| Manual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Uterine Cysts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uterine Fluid | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | |

| Vagina | Y | N | Details |
|--------------------|--------------------------|--------------------------|---------|
| Manual Examination | <input type="checkbox"/> | <input type="checkbox"/> | |
| Visual Examination | <input type="checkbox"/> | <input type="checkbox"/> | |
| U/S examination | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | |

| Vulva | Y | N | Details |
|---------------|--------------------------|-------------------------------------|---------|
| Caslicked | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Abnormalities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| Cervix | Y | N | Details |
|--------------------|-------------------------------------|--------------------------|---------|
| Manual Examination | <input type="checkbox"/> | <input type="checkbox"/> | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Visual Examination | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | |

| Udder | Y | N | Details |
|--------------------|-------------------------------------|-------------------------------------|---------|
| Visual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Manual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Abnormalities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Other relevant clinical abnormalities:

Note: This examination is limited to an assessment of the above specified matters 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 EquiV@ Vaccine or any other medication.

| | |
|---|---|
| Date: 18/5/20 | Signed: AJSD |
| Name (please print): ANDREW BETH | Place stamp/write address here: |
| Contact Number: | Warby Street Veterinary Hospital |
| AVA No: 1515 | 32 Warby Street Wangaratta, 3677 |
| VPB No: 4071 | PH: 5721 7177 |