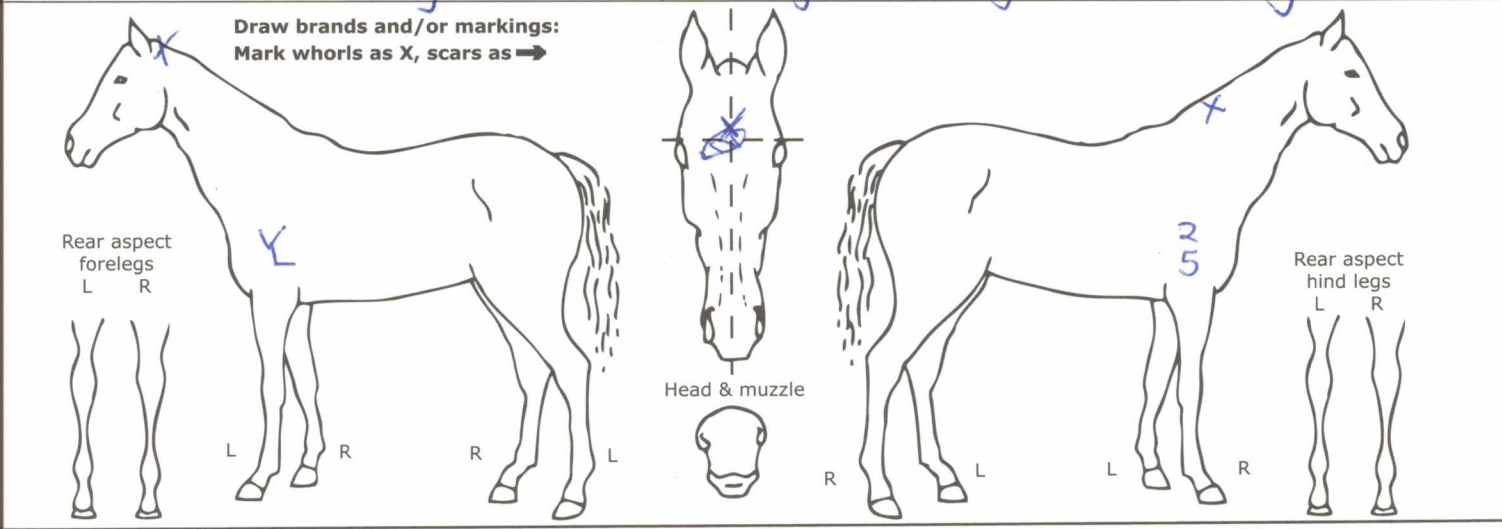




## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: <b>Chateau Caronne</b>		Age/DOB: <b>2015</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>985100012104484</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>Joe Murray</b>		Place of examination: <b>Makybe Racing and Breeding</b>



<b>This mare was examined</b> (please tick)	<b>The mare was</b> (please tick)	<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	Pregnant <input checked="" type="checkbox"/>	<b>11/10/20</b>	Hendra (HeV)		
Not Sedated	Not Pregnant		Tetanus		<b>Aug 20</b>
Other Physical Restraint <input checked="" type="checkbox"/>			Strangles		<b>Aug 20</b>
			EHV-1,4	<input checked="" type="checkbox"/>	<b>15/3, 11/5</b>

*crush*

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>					
U/S Examination	Left			<input checked="" type="checkbox"/>	Right			<input checked="" type="checkbox"/>			

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

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

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

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

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination			<input checked="" type="checkbox"/>
Comments:			

**Other comments** .....

Date: <b>29/6/21</b>	Signed: <b>K Splatt</b>
Name (please print): <b>Kylie Splatt</b>	Place stamp/write address here: Barwon Equine Hospital 8-12 Cooney St, Moolap 3221 Ph: 03 52488899/F: 03 5248018 ABN: 65078993790
Contact Number: <b>0412 509 609</b>	
AVA No: <b>1744</b> VPB No: <b>3261</b>	

**24660**