



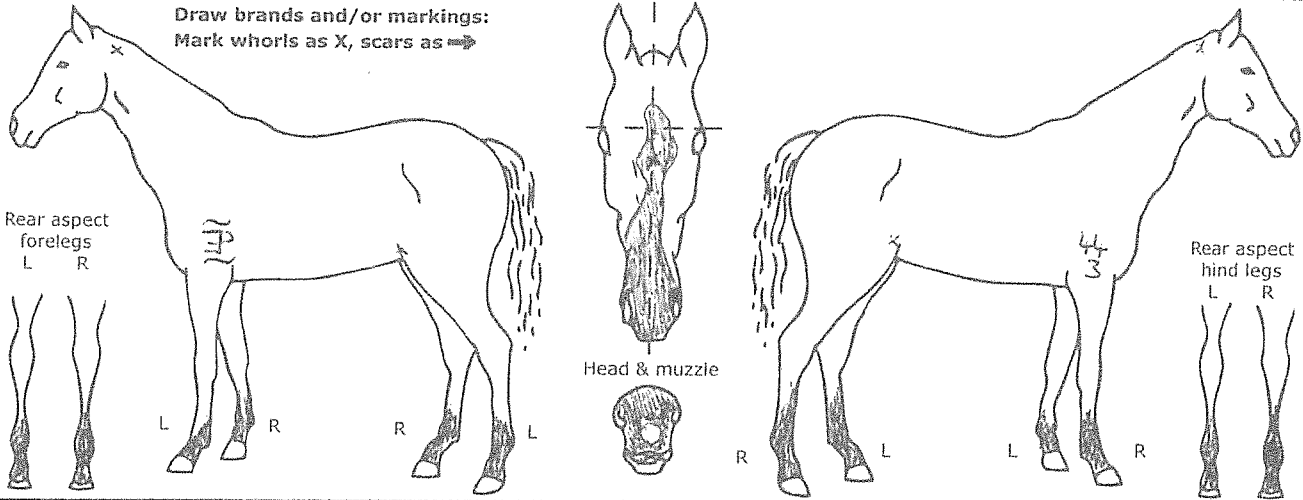
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This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiV@ Vaccine or any other medication.

VETERINARY REPORT ON BROODMARE FOR SALE

Animal presented as: BOOM TIME SAVINGS		Age/DOB: 19/09/03
(If unnamed) Sire:		Dam:
Breed: T-BRED	Colour: BAW	Microchip No: 985100010786797
Owner (if known): EMIRATES PARK		Address (if known):
Person requesting examination:		Place of examination: AQUIS FARM - NSW



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

Reported last serve date

Vaccination Y/N Date

Hendra (HeV)	Y	
Tetanus	Y	4/6/19
Strangles	Y	4/6/19
EHV-1,4	Y	4/6/19

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"/>			39 x 58mm	20mm	NO ABNORMALITIES
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			58 x 67mm	47mm	NO ABNORMALITIES

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:	NO ABNORMALITIES		

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:	NO ABNORMALITIES		

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:	NO ABNORMALITIES		

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:	NO ABNORMALITIES		

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:	NO ABNORMALITIES		

Other comments

Date: 12/06/2019	Signed: L. T. Polson
Name (please print): LEAHNE POLSON	Place stamp/write address here:
Contact Number: 049292073	20126
AVA No: 83037	VPB No: 29623