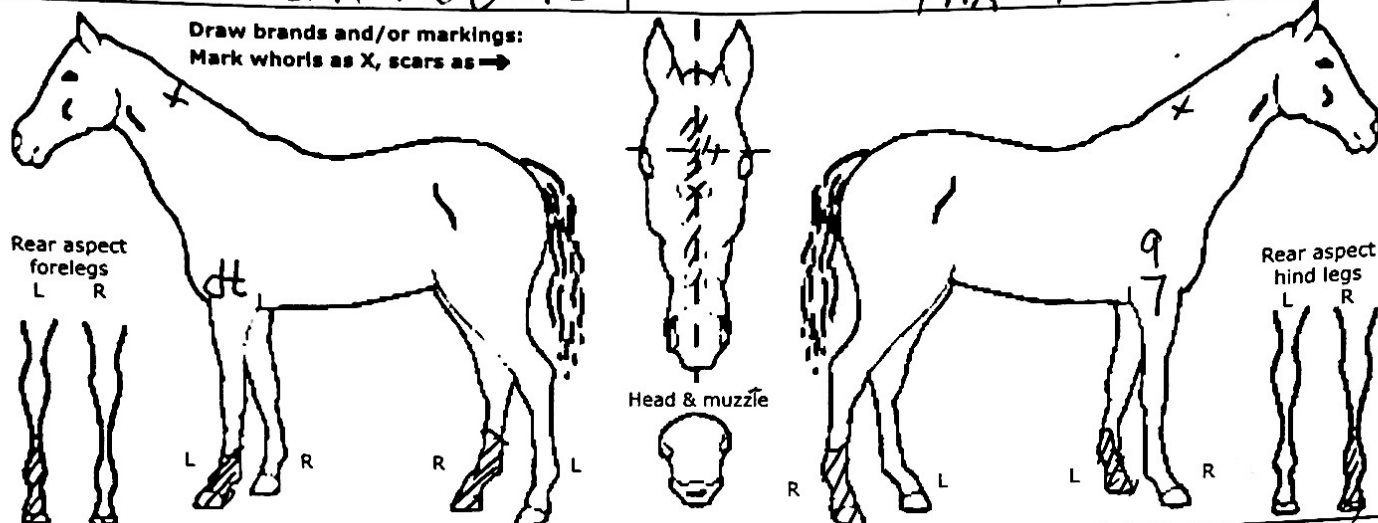


**VETERINARY REPORT ON BROODMARE FOR SALE**

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 EquiVax Vaccine or any other medication.

Animal presented as: <u>Ervmos</u>		Age/DOB: <u>2017</u>
(If unnamed) Sire: _____		Dam: _____
Breed: <u>thoroughbred</u> Colour: <u>bay</u>	Microchip No: <u>981020025170327</u>	
Owner (if known): <u>Almavale Stud - as agent</u>	Address (if known): _____	
Person requesting examination: <u>Verna Metcalfe</u>	Place of examination: <u>Almavale Stud - Scone</u>	



**This mare was examined (please tick)**

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input 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)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	
Strangles	<input checked="" type="checkbox"/>	
EHV-1,4	<input checked="" 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"/>			Right	<input checked="" type="checkbox"/>			<u>left 40x30mm ~ 10mm</u>		
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<u>right 40x30mm ~ 25mm</u>		

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:			

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: <u>6/5/25</u>
Name (please print): <u>David O'Meara</u>
Contact Number: <u>6545 1333</u>
AVA No: <u>6233</u> VPB No: <u>5561</u>

Signed: [Signature]

Place stamp/write address here:  
**Scone Equine Hospital**  
**106 Liverpool St**  
**Scone NSW 2337**