



Equine Veterinarians Australia

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

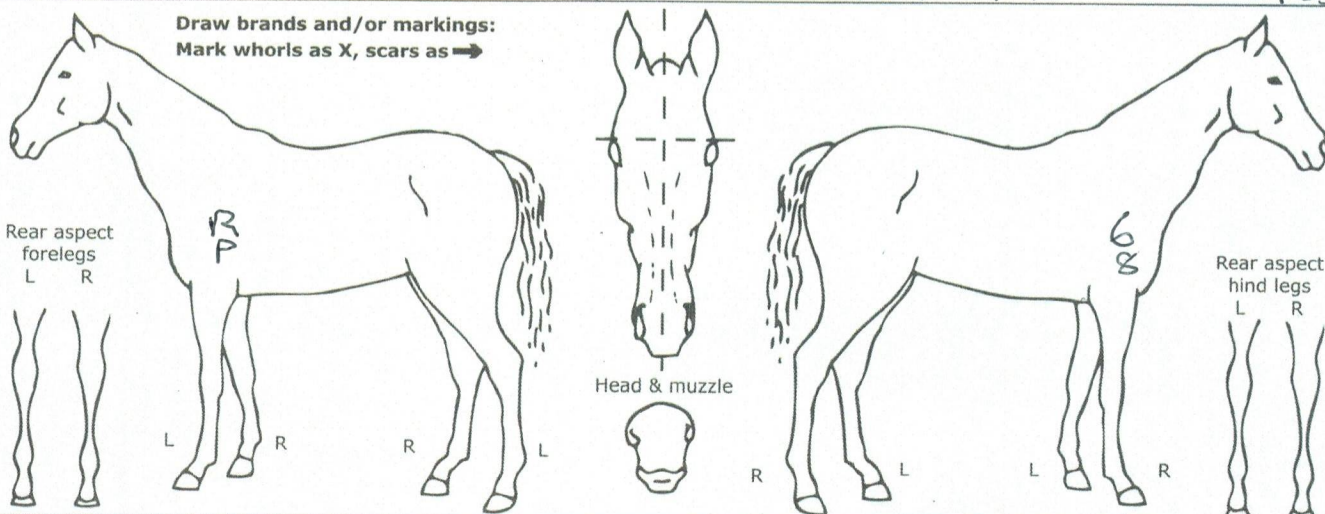


VETERINARY REPORT ON BROODMARE FOR SALE

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: AUSBRED FLIRT		Age/DOB: 8/9/2018
(If unnamed) Sire: MAURICE		Dam: SEVEN YEAR ITCH
Breed: TIB	Colour: BAY	Microchip No: 985100012152217
Owner (if known): C+L LAWLOR		Address (if known):
Person requesting examination: L DUCKWORTH		Place of examination: FAIRVIEW PARK STUD

Draw brands and/or markings:
Mark whorls as X, scars as →



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	18/11/2025	Hendra (HeV)	<input checked="" type="checkbox"/>	
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input 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				Right						
U/S Examination	Left				Right						

Uterus	NL	Ab	NE
Manual Examination per Rectum			
U/S Examination			
	Y	N	NE
Uterine Cysts?			
Uterine Fluid?			
Comments:			

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

Vagina	NL	Ab	NE
Manual Examination per Vagina			
U/S Examination			
Visual Examination per Speculum			
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<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: 1/5/2026	Signed: <i>IAN DUCKWORTH</i>
Name (please print): 1/5/2026 IAN DUCKWORTH	Place stamp/write address here:
Contact Number: 0488031131	DR. IAN DUCKWORTH BVSc
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