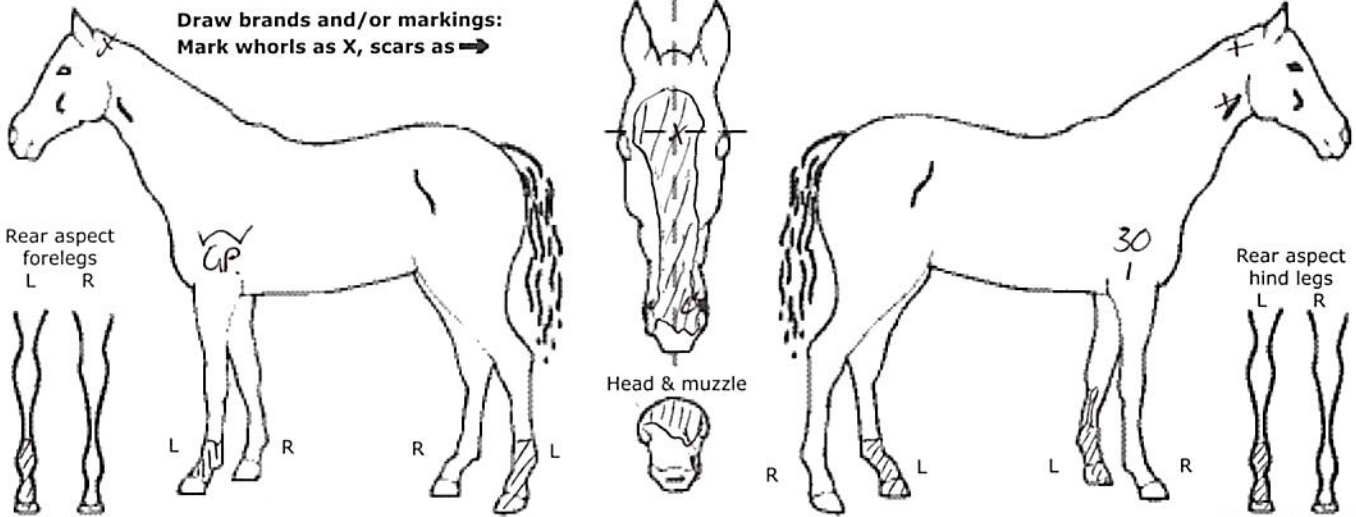


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiV[®] Vaccine or any other medication.

Animal presented as: <i>GRINZINGBA LOVE</i>		Age/DOB: <i>29.9.2021</i>
(If unnamed) Sire:		Dam:
Breed: <i>TB</i>	Colour: <i>Bay</i>	Microchip No: <i>98S100012196850</i>
Owner (if known):		Address (if known):
Person requesting examination: <i>RIT NOTTMAN</i>		Place of examination: <i>NORTHMORE</i>



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 type="checkbox"/>	<i>12.12.2025</i>	Hendra (HeV)	<input checked="" type="checkbox"/>	
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" 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	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>4.0 x 3.6 cm</i>	<i>N/A</i>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>4.5 x 3.8 cm</i>	<i>CL RO</i>	

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 *In my opinion this mare is suitable for breeding.*

Date: <i>30.4.26</i>	Signed: <i>[Signature]</i>
Name (please print): <i>KATE WILLY</i>	Place stamp/write address here:
Contact Number: <i>0429815596</i>	
AVA No: <i>21517</i>	VPB No: <i>V8369</i>

AVENEL EQUINE HOSPITAL
PO BOX 74,
AVENEL VIC 3684
Ph: (03) 5796 2468