



Equine Veterinarians Australia

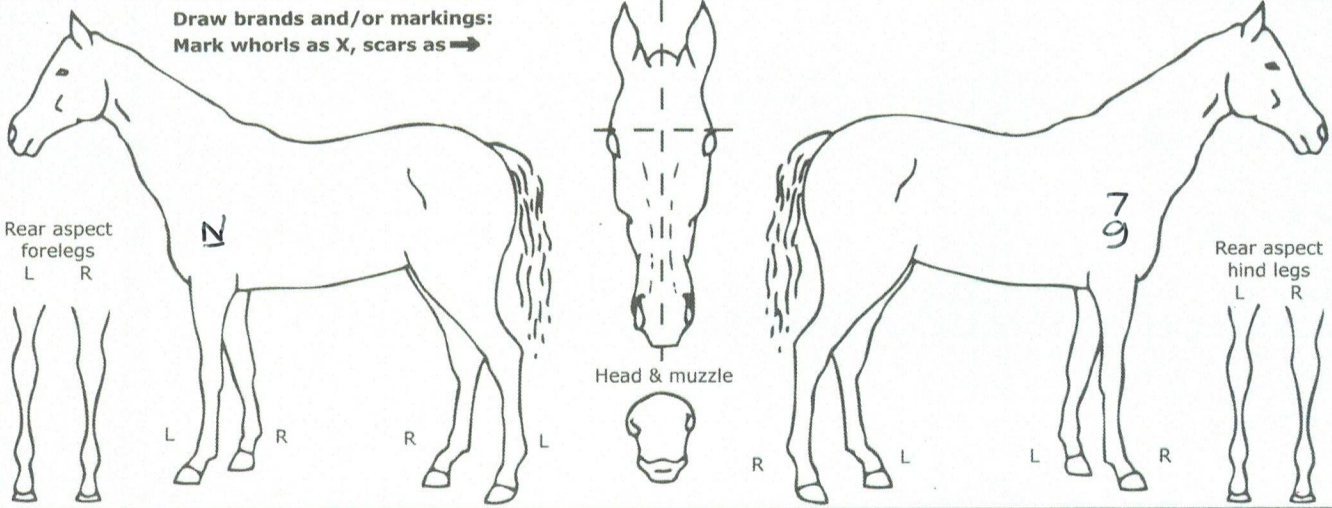
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 Equity® Vaccine or any other medication.

Animal presented as: JUNQUEIRA		Age/DOB: 15/9/2019
(If unnamed) Sire: CAPITALIST		Dam: BIBBY
Breed: T/B	Colour: BROWN	Microchip No:
Owner (if known): MYSTERY DOWNS	Address (if known): 985100012167290	
Person requesting examination: L DUCKWORTH	Place of examination: FAIRVIEW PARK STUD	



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date	Vaccination	Y/N	Date
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>		Hendra (HeV)		
Not Sedated <input 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		

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"/>			L 6cm x 5cm	2.0cm + CL	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R 6cm x 6cm	2.0cm	

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: **11/5/2026**

Name (please print): **IAN DUCKWORTH**

Contact Number: **0488031131**

AVA No: **796** VPB No: **3391**

Signed: *[Signature]*

Place stamp/write address here:

DR. IAN DUCKWORTH BVSc 20644
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