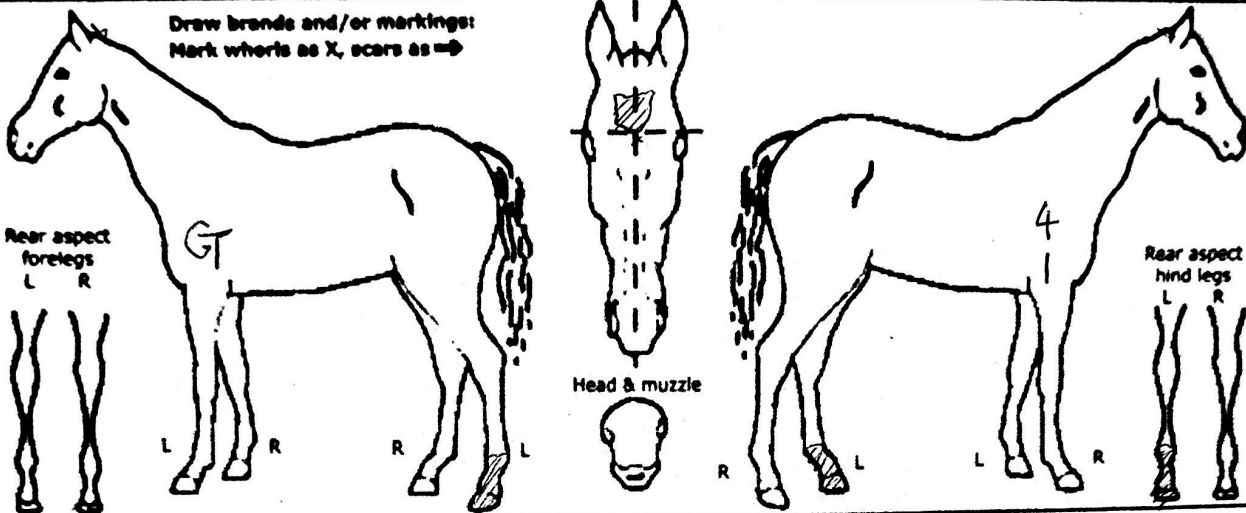


VETERINARY REPORT ON BROODMARE FOR SALE

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: LUMINESCENT LADY		Age/DOB: 4
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BLK/BRN	Microchip No: 985100012207414
Owner (if known): MARK TOWELL		Address (if known):
Person requesting examination:		Place of examination:



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"/>	N/A	Hendra (HeV)	<input type="checkbox"/>		
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input type="checkbox"/>		
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input type="checkbox"/>		
					EHV-1,4	<input type="checkbox"/>		

Overies		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"/>			56x41 mm (L)	26mm (L)	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			67x60 mm (R)	36mm (R)	

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: **No Abnormalities detected. Trot up normal. general health check normal.**

Date: 1/5/26	Signed: N2896
Name (please print): DR S.P. TAZAWA BSc MANZUKI DACT	Place stamp/write address here
Contact Number: 0428218888	EQUIBREED OZ
AVA No: 13451	47 ST JOHNS RD. WARRERWICK NSW 2259
VPB No: N6696	0428218888