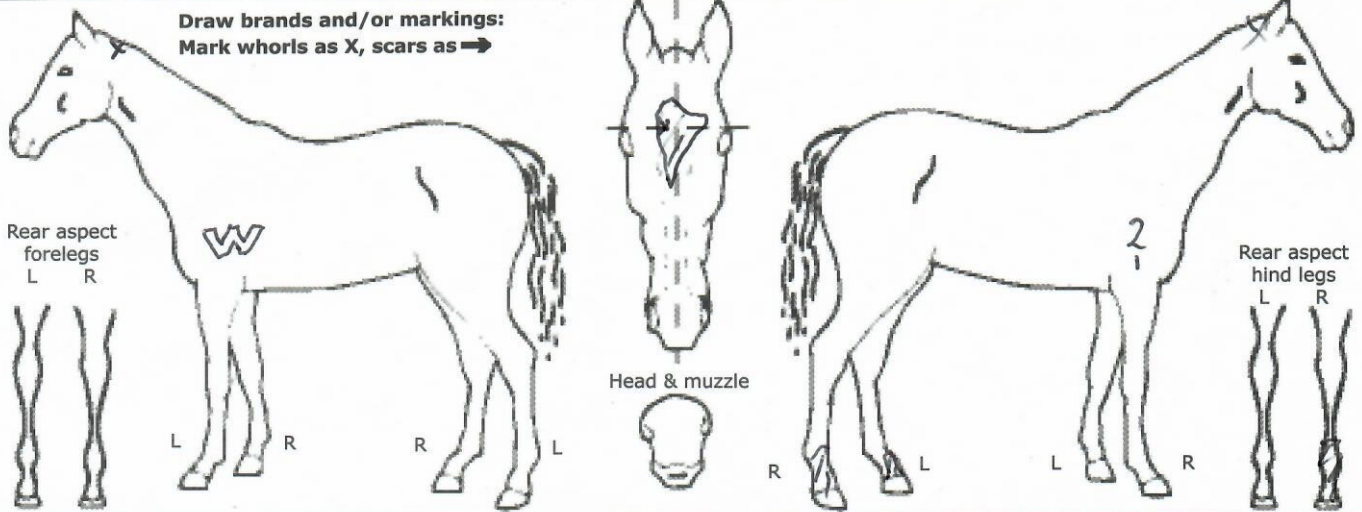


**VETERINARY REPORT ON BROODMARE FOR SALE**

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: <b>SNOW IN MAY</b>		Age/DOB: <b>2021</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012207013</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>J. FLOOR</b>		Place of examination: <b>RANDWICK RACECOURSE</b>



<b>This mare was examined</b> (please tick)	<b>The mare was</b> (please tick)	<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation <input checked="" type="checkbox"/>	Pregnant <input type="checkbox"/>	<b>N/A</b>	Hendra (HeV)		
Not Sedated <input type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus <b>UNK</b>		
Other Physical Restraint <input checked="" type="checkbox"/>			Strangles <b>UNK</b>		
			EHV-1,4 <b>UNK</b>		

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"/>			2.7 x 4.3 cm	0.5 x 0.5 cm	NORMAL
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			2.7 x 3.9 cm	0.9 x 0.8 cm	NORMAL

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:	<b>NORMAL</b>		

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:	<b>NORMAL</b>		

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:	<b>NORMAL</b>		

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:	<b>NORMAL</b>		

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:	<b>NORMAL</b>		

**Other comments** .....

Date: <b>24/11/26</b>	Signed: <b>[Signature]</b>
Name (please print): <b>[Signature]</b>	Place stamp/write address here:
Contact Number: <b>02 9399 7722</b>	
AVA No: <b>13705</b>	VPB No: <b>NSW V 6430</b>

**REC EQUINE SPECIALISTS**  
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