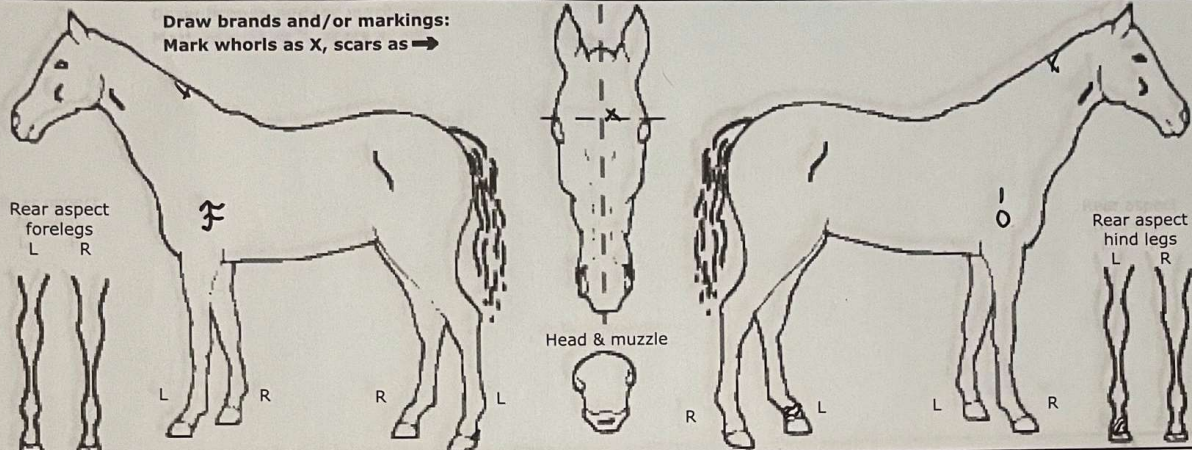


VETERINARY REPORT ON BROODMARE FOR SALE

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: CRUMPLETS		Age/DOB: 2026
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 985100012180260
Owner (if known):		Address (if known):
Person requesting examination: NORTHMORE TBs		Place of examination: INGLS RIVERSIDE STABLES



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)	
Not Sedated <input type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	
Other Physical Restraint <input checked="" type="checkbox"/>			Strangles	
			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 4.2 x 2.9cm	L 0.5 x 0.8cm	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R 4.3 x 3.2cm	R 0.6 x 1cm	

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: 5/5/26	Signed: 
Name (please print): R. HUMBERSTONE	Place stamp/write address here:
Contact Number: 9399 7722	REC EQUINE SPECIALISTS
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VPB No: NSW V 6430	PO BOX 355 HORSLEY PARK NSW 2175
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