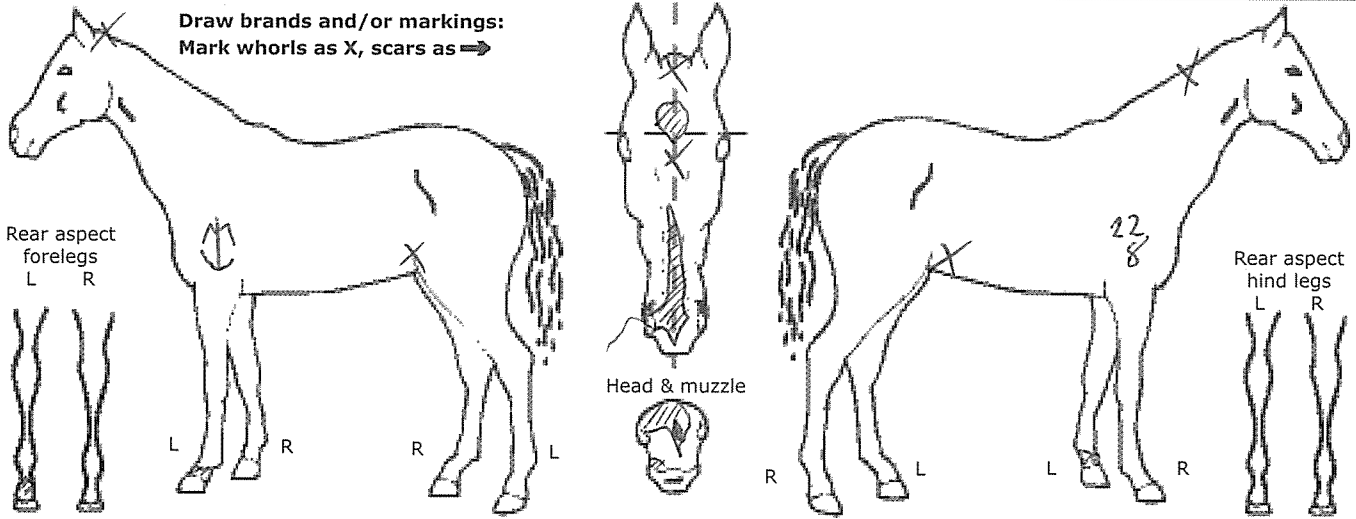


VETERINARY REPORT ON BROODMARE FOR SALE

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: ARKTIKA		Age/DOB: 17.11.2018
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 98S100012150778
Owner (if known):		Address (if known):
Person requesting examination: OWNER		Place of examination: LIME COUNTRY TB'S

Draw brands and/or markings:
Mark whorls as X, scars as ⇒



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	
Other Physical Restraint	<input 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: 6.0 x 4.5cm	L 1.0cm	Ch present
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			R: 6.2 x 3.5cm	2.6 cm	

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:			

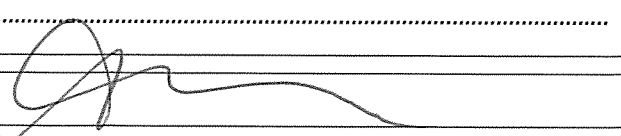
Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum			<input checked="" type="checkbox"/>
Comments:			

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:			

Vulva	Y	N	NE
Caslicked / repairs?		<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: 1.5.2026	Signed: 
Name (please print): AARON HODDER	Place stamp/write address here:
Contact Number: (02) 6543 1333	Scone Equine Hospital
AVA No: 80126	106 Liverpool St
VPB No: NSW V8641	Scone NSW 2337