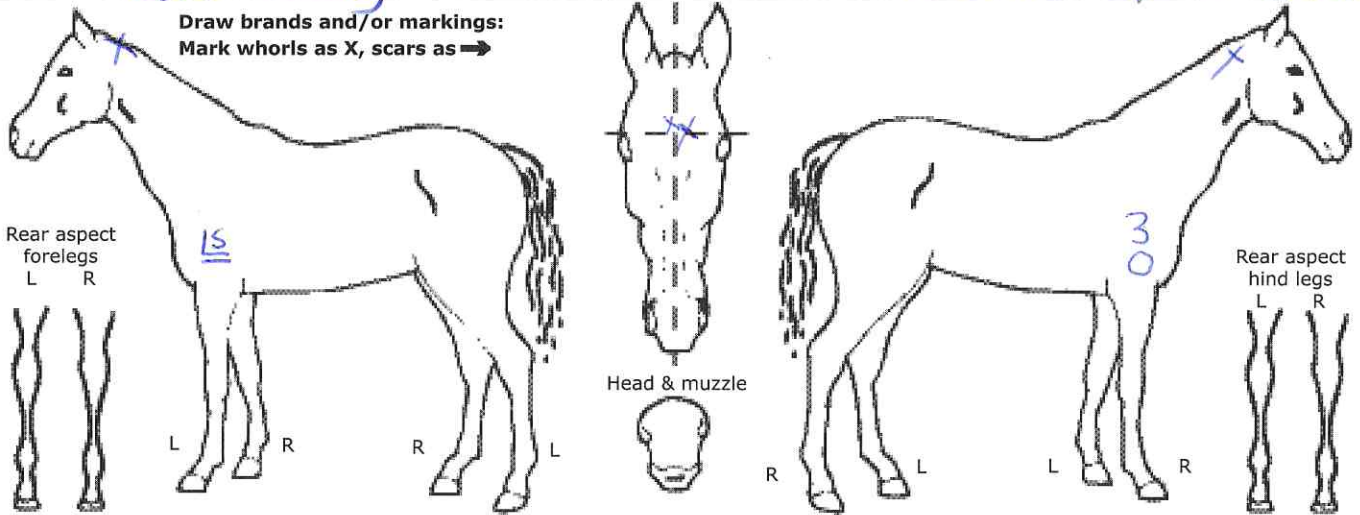


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVaccine or any other medication.

Animal presented as: <i>In Farcy</i>		Age/DOB: <i>2020</i>
(If unnamed) Sire: <i>Wandjina</i>		Dam: <i>Childhood</i>
Breed: <i>TB</i>	Colour: <i>Bay</i>	Microchip No: <i>985 100012190249</i>
Owner (if known):		Address (if known):
Person requesting examination: <i>Lees Racing</i>		Place of examination: <i>Newcastle Equine Centre</i>



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

The mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date

N/A

Vaccination	Y/N	Date
Hendra (HeV)		
Tetanus	<i>Y</i>	
Strangles	<i>Y</i>	
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"/>			<i>LO: 3.8cm x 3.2cm 2 x CL</i>		
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>RO: 4.2cm x 4.5cm 1 x 39mm</i>		<i>Singular follicle RO</i>

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: <i>4/05/26</i>	Signed: <i>Miranda</i>
Name (please print): <i>MIRANDA LEFCOURT</i>	Place stamp/write address here: <i>The old TOTE Building, Newcastle Racecourse, Broadmeadow</i>
Contact Number: <i>49276135</i>	
AVA No: <i>78806</i>	VPB No: <i>V100193</i>