



# Equine Veterinarians Australia

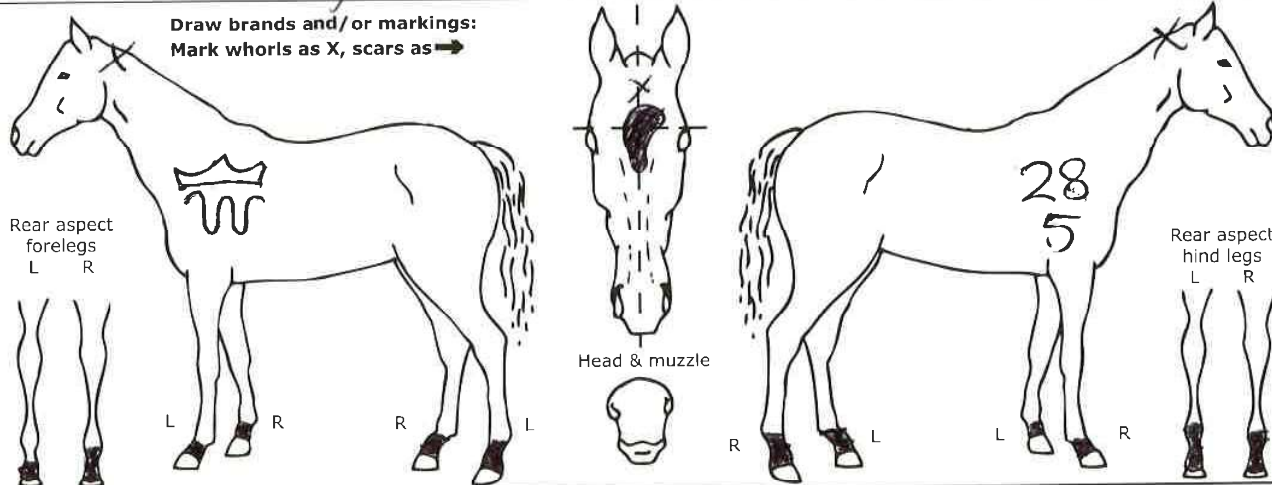
A Special Interest Group of the Australian Veterinary Association Ltd, ABN 63 008 522 852



## 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 EquiVax® Vaccine or any other medication.

Animal presented as: <b>TARANSAY</b>		Age/DOB: <b>14 Yrs</b>
(If unnamed) Sire: <b>LONHRO</b>		Dam: <b>HEATHER</b>
Breed: <b>T.B</b>	Colour: <b>BAY</b>	Microchip No: <b>985100010881526</b>
Owner (if known):	Address (if known):	
Person requesting examination: <b>Maj. M. H. O'S</b>	Place of examination: <b>CORNERSTONE STUD</b>	



This mare was examined (please tick)

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

The mare was (please tick)

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

Reported last serve date

**25-11-2019**

Vaccination Y/N Date

Hendra (HeV)	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	<b>17/9/20</b>
Strangles	<input checked="" type="checkbox"/>	<b>17/9/20</b>
EHV-1,4	<input checked="" type="checkbox"/>	

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"/>					<b>O. oysters</b>
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>L-5x5cm R-4x4cm</b>	<b>10</b>	<b>left-CL</b>

Uterus	NL	Ab	NE
Manual Examination per Rectum			
U/S Examination			
	Y	N	NE
Uterine Cysts?	<input checked="" type="checkbox"/>		
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments: <b>2 x 9mm cysts @ bifurcation</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:			

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: **22/4/2020**

Name (please print): **PAUL LUBBE**

Contact Number: **0400417643**

AVA No: **23352**

VPB No: **2605**

Signed: **Dr PN Lubbe BVSc CertAVP**

Place stamp/write address: **Cornerstone Stud  
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