



# Equine Veterinarians Australia

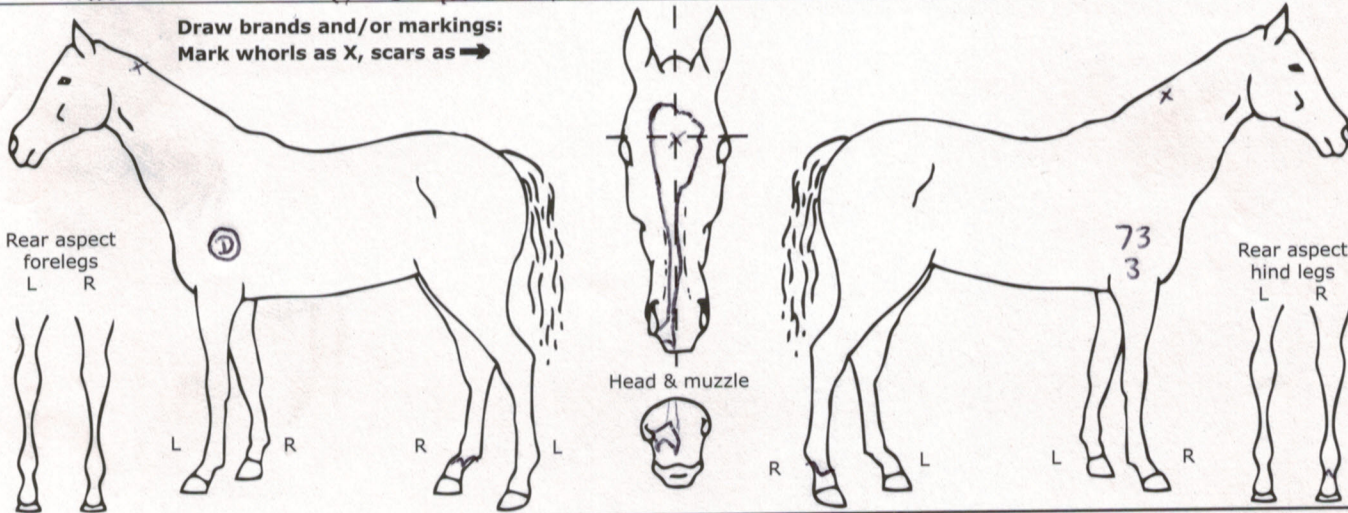
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 Equity® Vaccine or any other medication.

Animal presented as: <b>PECANS</b>		Age/DOB: <b>5Y0</b>
(If unnamed) Sire:		Dam:
Breed: <b>MOROUGH BREED</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012030314</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>TRICOLOURS RACING/NEWSGATE FARM</b>		Place of examination: <b>WARWICK FARM</b>



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**

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions (Measured by US)	Largest Follicle Diameter (Measured by US)	Comments
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>65mm x 50mm</b>	Left: <b>30mm</b>	<b>NORMAL</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>56mm x 45mm</b>	Right: <b>34mm</b>	<b>NORMAL</b>
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<b>NORMAL</b>		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NORMAL</b>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			<b>NORMAL</b>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder					
Visual Examination	<b>NORMAL</b>				
Manual Examination	<b>NORMAL</b>				

Other comments

Date: **29/4/2019**

Signed: **I Bayliss**

Name (please print): **ILONA BAYLISS MA VetMB**

Place stamp/write address here: **EQUINE CENTRE 11806**

Contact Number: **02 9399 7722**

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AVA No: VPB No: **N9264**