



Equine Veterinarians Australia

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

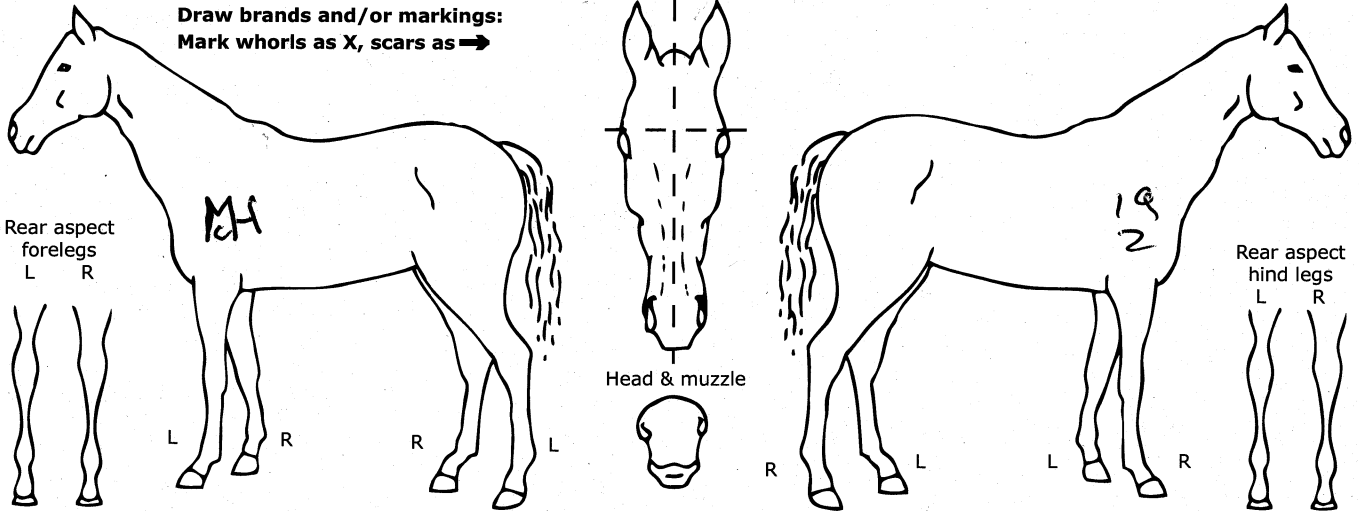


VETERINARY REPORT ON BROODMARE FOR SALE

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: POMELO		Age/DOB: 2012
(If unnamed) Sire:		Dam:
Breed: TB	Colour: B	Microchip No:
Owner (if known): R HAMILTON	Address (if known): TRIRLMERE	
Person requesting examination: -	Place of examination: -	

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

(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: 39x 24 mm	Left: 15 mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 58x 42 mm	Right: 14 mm	CORPUS LUTEUM #2

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<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"/>		Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			NORMAL
Comments			NORMAL				

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Comments			NORMAL				

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NORMAL
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NORMAL

Other comments RECENT OESTRUS AND DOUBLE OVULATION EVIDENT
NO OTHER EXAMINATIONS PERFORMED

Date: 29/4/19	Signed: Stephen McLeod BVSc
Name (please print): SA McCLINTOCK	Place stamp/write address here: PO BOX 96 07090 OAKDALE NSW
Contact Number: 0408697990	
AVA No: 7726	VPB No: 2678