



Equine Veterinarians Australia

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

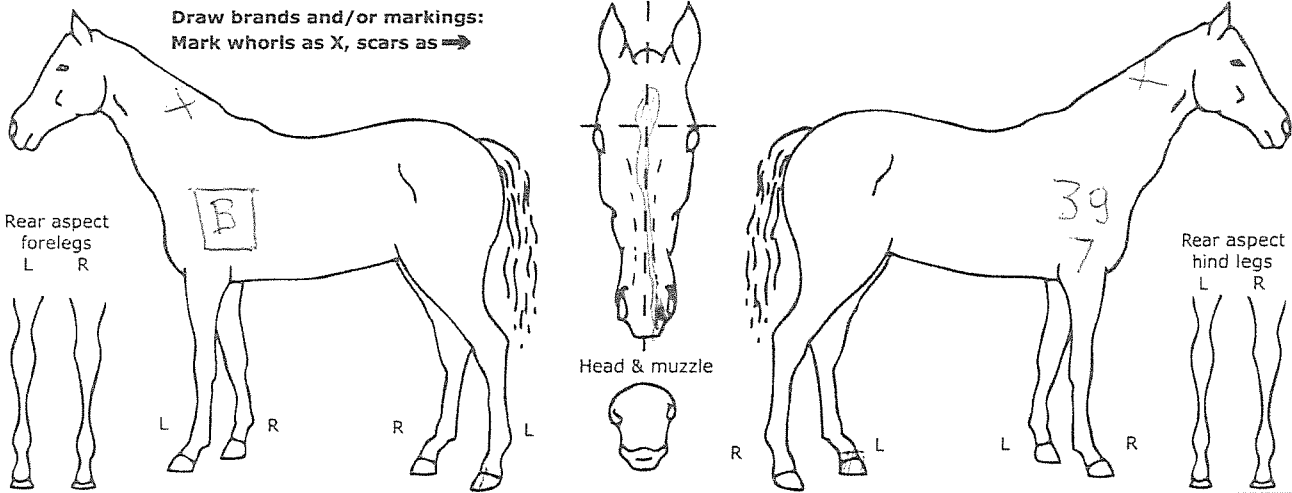
AWS 305



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: Magic Fingers		Age/DOB: 22.10.07
(If unnamed) Sire:		Dam:
Breed: Thoroughbred	Colour: Bay	Microchip No: 98510001091674
Owner (if known):	Address (if known): 659 Euroa-Strathboogie rd Euroa	
Person requesting examination: owner	Place of examination: Blue Gum Farm	



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date	Vaccination	Y/N	Date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	<input type="text"/>	Hendra (HeV)	<input type="checkbox"/>	<input type="text"/>
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	<input type="checkbox"/>	<input type="text"/>
Other Physical Restraint <input type="checkbox"/>			Strangles	<input type="checkbox"/>	<input type="text"/>
			EHV-1,4	<input type="checkbox"/>	<input type="text"/>

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5x6cm	20mm	Normal
U/S Examination	Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5x7	15mm	Normal

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N	NE
Uterine Cysts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uterine Fluid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:	Normal		

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

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

Vulva	Y	N	NE
Caslicked / repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:	Normal		

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Other comments

Date: **20/4/19**

Name (please print):

Contact Number:

AVA No: VPB No:

Signed: **ANGUS O McKINNON**

Place stamp/write name: **ANGUS O McKINNON**
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