



# Equine Veterinarians Australia

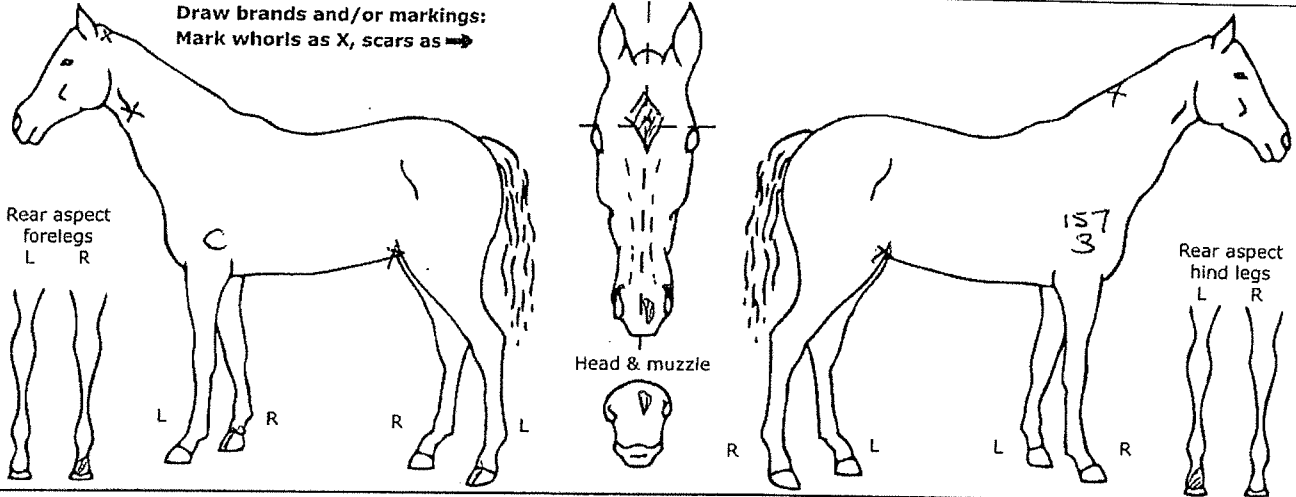
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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>MAWHOOBA</b>		Age/DOB: <b>14.10.13</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>985 100012027674</b>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <b>COOLMORE, NSW</b>



<b>This mare was examined (please tick)</b>		<b>The mare was (please tick)</b>		<b>Reported last serve date</b>	<b>Vaccination Y/N Date</b>	
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)	<b>Y 7.5.18</b>
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<b>Y 7.8.18</b>
Other Physical Restraint	<input type="checkbox"/>				Strangles	<b>Y 7.8.18</b>
					EHV-1,4	<b>Y 4.7.18</b>

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>R 5.12cm x 4.9cm</b>	<b>3.5cm</b>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>L 5.7 x 4.3cm</b>	<b>2.0cm</b>	<b>old CL</b>

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
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:			

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: <b>1/5/19</b>	Signed: <i>M. Maidment</i>
Name (please print): <b>M. MAIDMENT</b>	Place stamp/write address here:
Contact Number: <b>02 6576 4200</b>	
AVA No:	VPB No: <b>N8663</b>

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