



Equine Veterinarians Australia

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

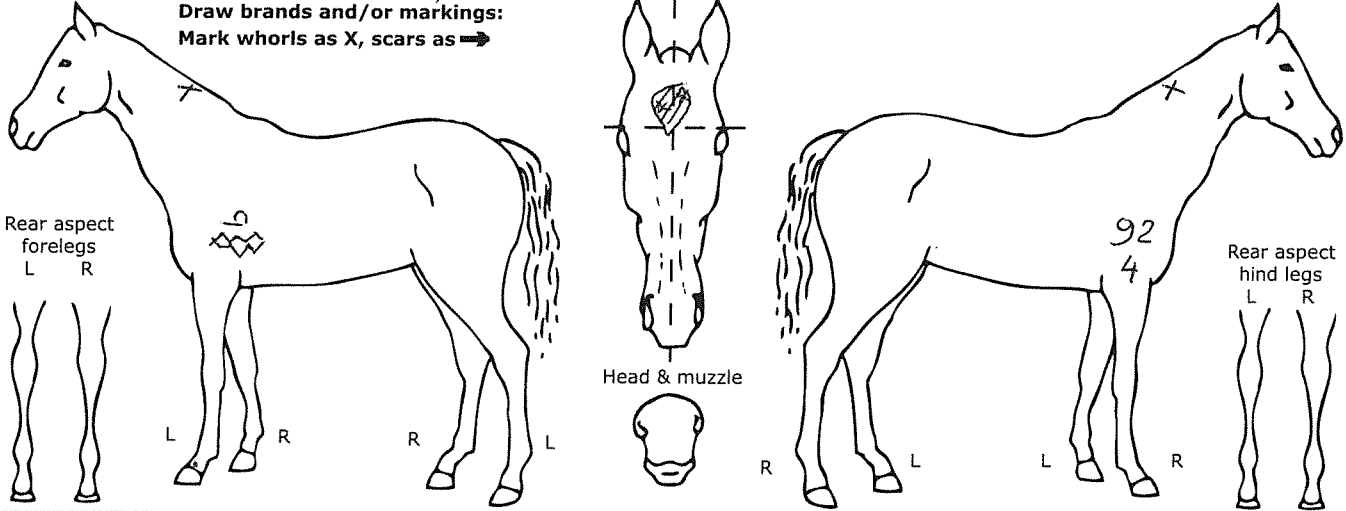


VETERINARY REPORT ON BROODMARE FOR SALE

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: <u>MEMBERSHIP</u>		<u>LOT 321</u> ✓		Age/DOB:
(If unnamed) Sire: _____		Dam: _____		
Breed: <u>T/B</u>	Colour: <u>BR.</u>	Microchip No: <u>9851 0001 2044 187.</u>		
Owner (if known): _____		Address (if known): _____		
Person requesting examination: <u>P. Kelly</u>		Place of examination: <u>INGUS RIVERSIDE.</u>		

Draw brands and/or markings:
Mark whorls as X, scars as →



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

Not Reported

(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: <u>40 x 40 x 50mm</u>	Left: <u>30mm</u>	<u>NAD</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>40 x 40 x 40mm.</u>	Right: <u>20mm</u>	<u>C.L. VISIBLE</u>
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			<u>NAD</u>		
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
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 type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			<u>NAD</u>		
Udder	Details				
Visual Examination	<u>NAD</u>				
Manual Examination	<u>/</u>				

Other comments NAD = NO ABNORMALITY DETECTED

Date: <u>4.5.19</u>	Signed:
Name (please print): <u>CAMERON COLLINS</u>	Place stamp/write address here: <u>10997</u>
Contact Number: <u>02 65451333</u>	<u>Scone Equine Hospital</u>
AVA No: <u>6577</u>	<u>106 Liverpool St</u>
VPB No: <u>N5615</u>	<u>Scone NSW 2337</u>