



Equine Veterinarians Australia

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

VETERINARY REPORT ON BROODMARE FOR SALE

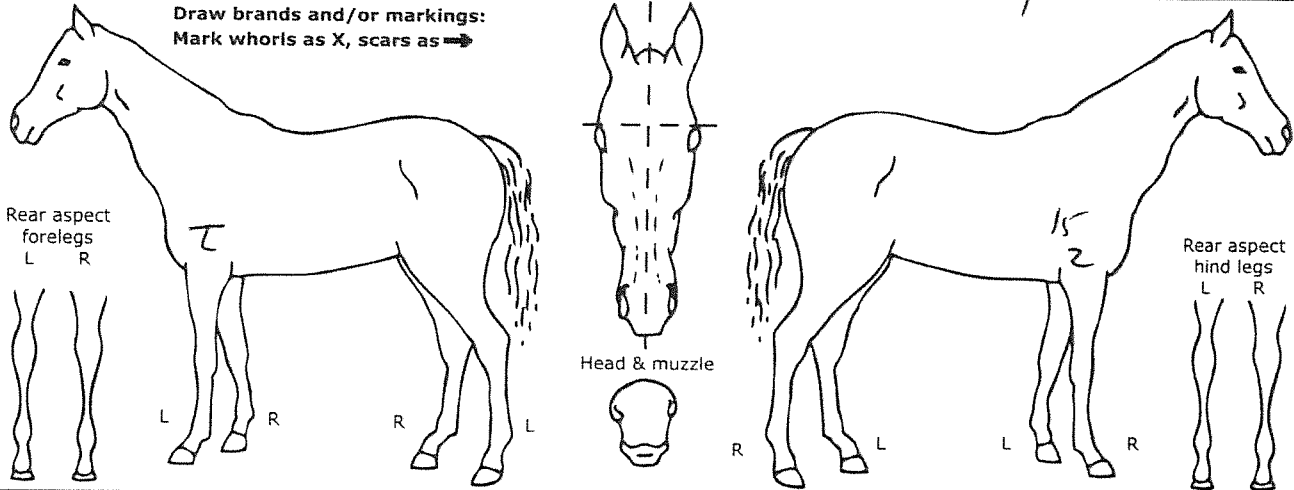
AWS 339



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 EquiV[®] Vaccine or any other medication.

| | | |
|---|--------------------|--|
| Animal presented as: LOT 339 MY GIDDY AUNT | | Age/DOB: 2012 |
| (If unnamed) Sire: _____ | | Dam: _____ |
| Breed: TB | Colour: BAY | Microchip No: 985125000069877 |
| Owner (if known): _____ | | Address (if known): _____ |
| Person requesting examination: MANAGER | | Place of examination: LIME COUNTRY TB |

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

| |
|-------------------------------------|
| <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: 2.5 x 4.5 x 3 | Left: 2cm | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 2.5 x 5 x 4.8 | Right: 4cm | SOFT FOLLICLES |
| Uterus | Y | N | Details | | |
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | within normal limits | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | oestrus appearance | | |
| Uterine Cysts | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Uterine Fluid | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Comments | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Cervix | Y | N | Details | | |
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | within normal limits | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | oestrus appearance | | |
| Visual Examination per Speculum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | oestrus appearance | | |
| Comments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| Vagina | Y | N | Details | | |
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | within normal limits | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | " " " | | |
| Visual Examination per Speculum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | " " " | | |
| Comments | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Vulva | Y | N | Details | | |
| Castlicked | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Comments | <input checked="" type="checkbox"/> | <input type="checkbox"/> | will require casticks | | |
| Udder | Y | N | Details | | |
| Visual Examination | <input type="checkbox"/> | <input checked="" type="checkbox"/> | within normal limits | | |
| Manual Examination | <input type="checkbox"/> | <input checked="" type="checkbox"/> | " " " | | |

Other comments

Date: **29/4/19**

Name (please print): **K Kooros**

Contact Number: **48611166**

AVA No: **5207** VPB No: **N5630**

Signed: *[Signature]*

Place stamp/write address here:

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