



Equine Veterinarians Australia

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

AWS 3/11

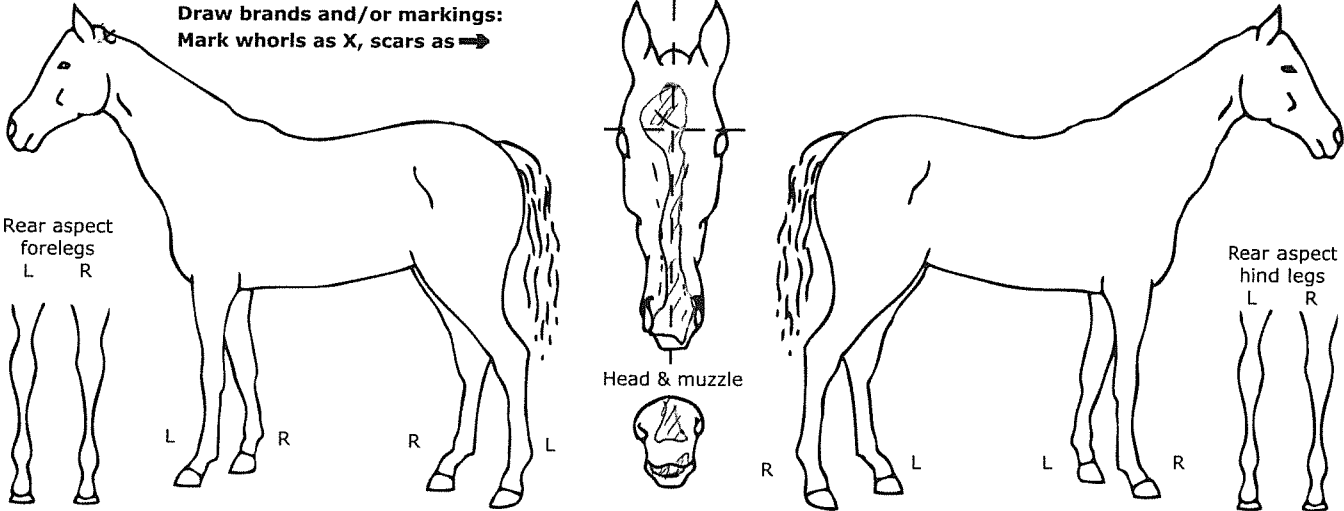


VETERINARY REPORT ON BROODMARE FOR SALE

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: <i>Nannion Sunset (IRE)</i>		Age/DOB: <i>2011</i>
(If unnamed) Sire:		Dam:
Breed:	Colour: <i>Bay</i>	Microchip No: <i>985101045189021</i>
Owner (if known):		Address (if known):
Person requesting examination: <i>A. Mitchell</i>		Place of examination: <i>Yarraman, SCWA</i>

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	Vaccination	Y/N	Date
Under Sedation	Pregnant	<i>28.11.18</i>	Hendra (HeV)		
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>	<i>23/10/18</i>
Other Physical Restraint			Strangles	<input checked="" type="checkbox"/>	<i>23/10/18</i>
			EHV-1,4	<input checked="" type="checkbox"/>	<i>18</i>

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"/>			<i>68mm</i>		<i>2 x CL</i>
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>67mm</i>	<i>16mm</i>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
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: <i>30.4.19</i>	Signed: <i>[Signature]</i>
Name (please print): <i>B. BESTER</i>	Place stamp/write address here:
Contact Number: <i>0458204086</i>	<i>Thrive Equine Centre</i>
AVA No: <i>18111</i>	<i>Score</i>
VPB No:	<i>22052</i>