

AW5 371



# Equine Veterinarians Australia

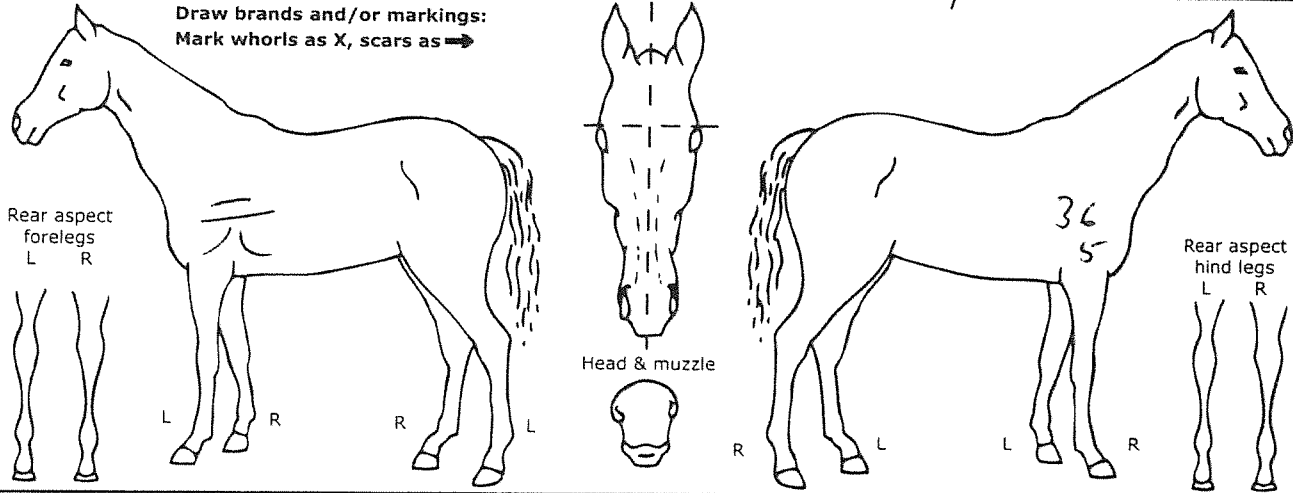
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



## 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 EquiVacc® Vaccine or any other medication.

Animal presented as: <b>LOT 371 PURSUIT OF HEALTH</b>		Age/DOB: <b>2015</b>
(If unnamed) Sire: _____		Dam: _____
Breed: <b>TB</b>	Colour: <b>BAY</b>	Microchip No: <b>985100012104358</b>
Owner (if known): _____		Address (if known): _____
Person requesting examination: <b>MANAGER</b>		Place of examination: <b>LIME COUNTRY TB</b>



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

**N/A**

(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: <b>4.5 x 3.5 x 4 cm</b>	Left: <b>4 cm</b>	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: <b>3.7 x 3.2 x 3</b>	Right: <b>2.5 cm</b>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WITHIN NORMAL LIMITS</b>	Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>within normal limits</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WITHIN NORMAL LIMITS</b>	U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>within normal limits</b>
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>—</b>	Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>within normal limits</b>
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>—</b>	Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>OBSTRUCTED APPEARANCE</b>	<b>Vulva</b>			
				Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Cervix</b>				<b>Udder</b>			
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WITHIN NORMAL LIMITS</b>	Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>within normal limits</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WITHIN NORMAL LIMITS</b>	Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>w. than normal limits</b>
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>WITHIN NORMAL LIMITS</b>				
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Other comments

Date: **29/4/19**

Signed: **K.K**

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

Place stamp/write address here:

Contact Number: **48611166**

**Retford Equine Vet Clinic**  
 Dr K Kooros N5630  
 PO Box 308, Bowral NSW 2576  
 PH: 02 4861 1166

**02310**

AVA No: **5207** VPB No: **N5130**