



Equine Veterinarians Australia

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

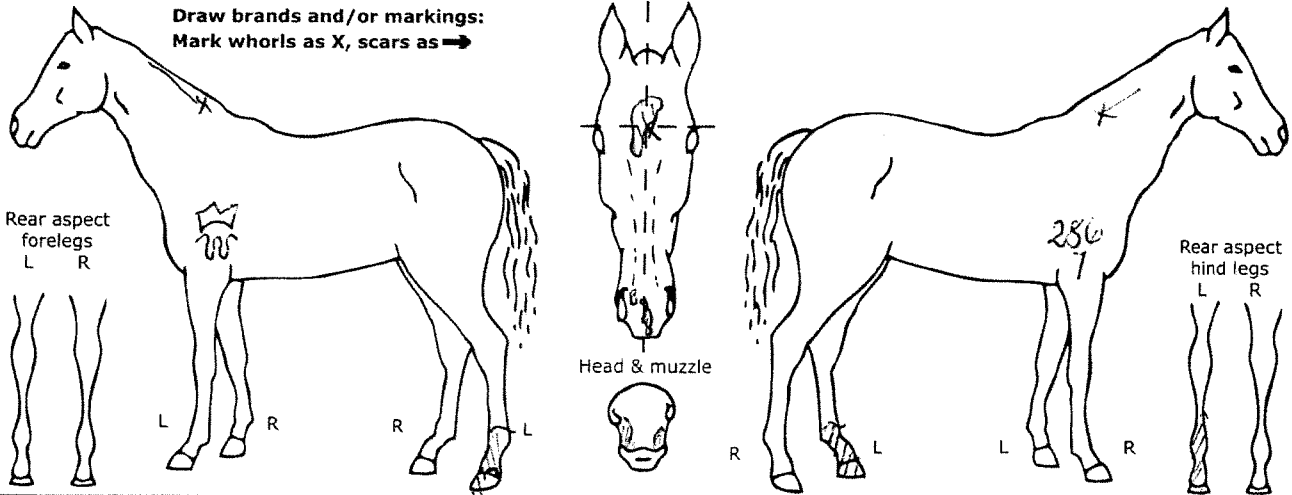
VETERINARY REPORT ON BROODMARE FOR SALE

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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: QUEEN OF QUILTS		Age/DOB: 11 YEARS-
(If unnamed) Sire: VISCOUNT	Dam: QUILT	
Breed: THOROUGHBRED	Colour: BAY.	Microchip No: 985100010923287
Owner (if known): AUSTRALIAN THOROUGHBRED BLOODSTOCK	Address (if known):	
Person requesting examination: D DANCE	Place of examination: MITTINGTREE PARK.	



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>	
Other Physical Restraint <input 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: 38mm x 42mm	Left: 25mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 40mm x 35mm.	Right: ~20mm	+ CORPUS HAEMORRHAGICUM.
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					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PER RECTUM.		
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PER RECTUM		
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VERY LONG CASLICK.		
Comments					
Udder	Y	N	Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Other comments **PREVIOUS URETHRAL EXTENSION SURGERY.**
VAGINAL EXAMINATION NOT PERFORMED DUE TO CASLICK.

Date: 29/4/19	Signed: <i>[Signature]</i>
Name (please print): K.M. TYLER	Place stamp/write address here: 07366 BALLARAT VETERINARY PRACTICE 54 MIDAS ROAD MINERS REST 3352
Contact Number: 03 5334 6750	
AVA No: 5309	VPB No: 3547