



Equine Veterinarians Australia

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

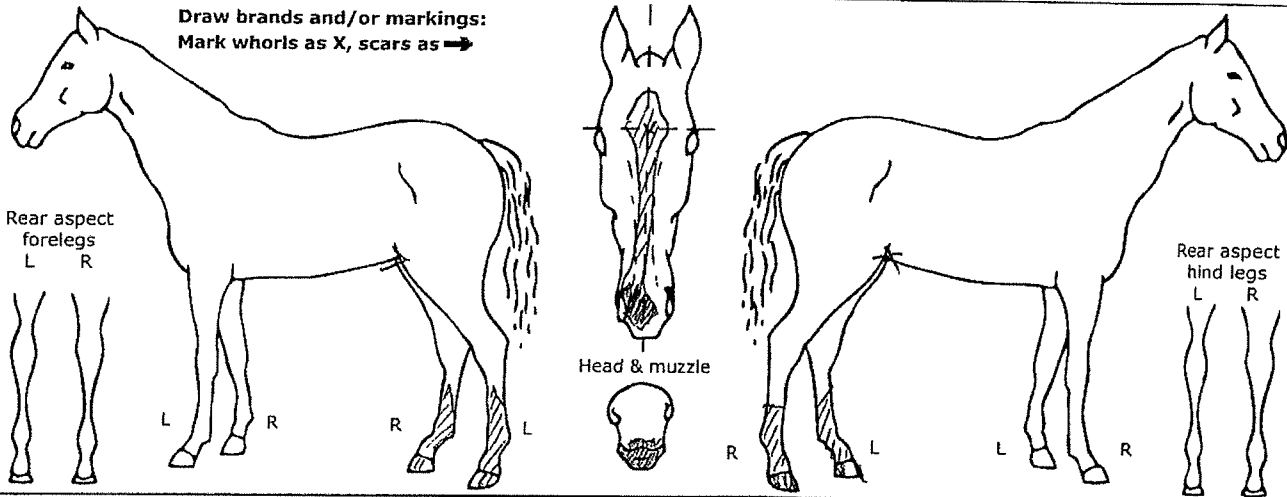


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VETERINARY REPORT ON BROODMARE FOR SALE

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: STAR ON HIGH		Age/DOB: 26/01/06
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY	Microchip No: 9851010450999096
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: COOLMORE, NSW



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination	Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)	Y	7/5/18
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	Y	7/8/18
Other Physical Restraint	<input type="checkbox"/>				Strangles	Y	7/8/18
					EHV-1,4	Y	3/7/18

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"/>			5.99 x 4.94 cm	1.5 cm R	OL
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			4.44 x 3.3 cm R	1.45 cm L	

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: <i>Small collection of cysts (x3) at base of left horn. 0.8cm largest</i>			

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: 26 4. 19	Signed: <i>[Signature]</i>
Name (please print): M. MAIDMENT	Place stamp/write address here:
Contact Number: 02 6576 4200	
AVA No:	VPB No: N8663

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