



# Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 098 522 852

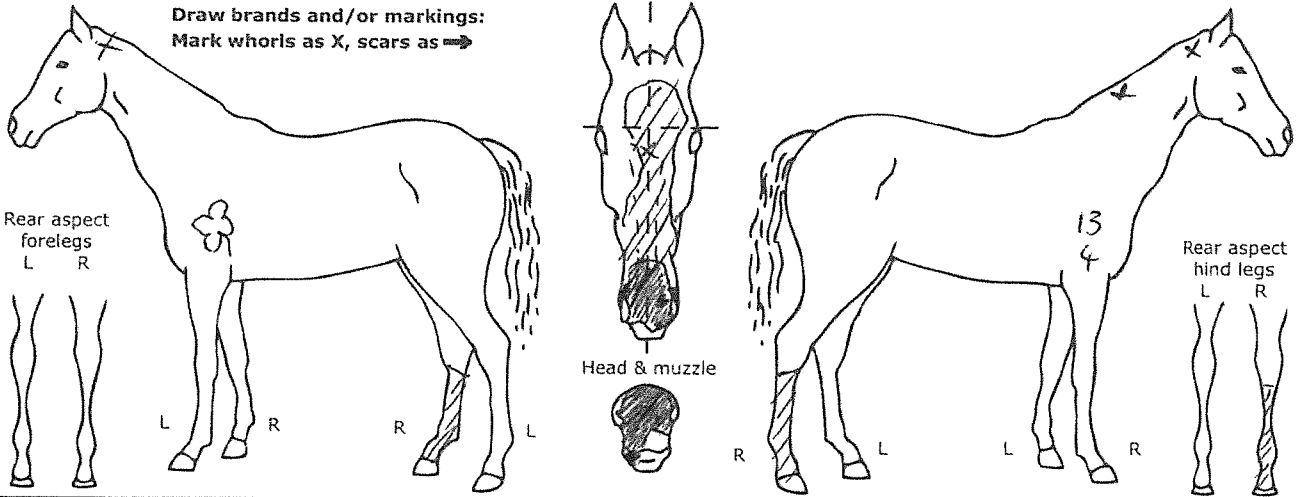


AWS 434

## 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: <b>TEAMO</b>		Age/DOB:
(If unnamed) Sire: _____		Dam: _____
Breed: <b>T/B.</b>	Colour: <b>C4.</b>	Microchip No: <b>9851 0001 2051 388.</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>B. CLARKE</b>		Place of examination: <b>SEGENHOE STUD.</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

(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>40x40x40mm</b>	Left: <b>20mm</b>	<b>NAD</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>40x40x40mm.</b>	Right: <b>20mm</b>	<b>NAD</b>
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>NAD</b>		
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>NAD</b>		
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>NAD.</b>		
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Udder					
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	<b>NAD</b>		
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: <b>26-04-19</b>	Signed:
Name (please print): <b>CAROLAN COLEMAN</b>	Place stamp/write address here: <b>10995</b>
Contact Number: <b>02 65451333</b>	<b>Scone Equine Hospital</b>
AVA No: <b>6517</b>	<b>106 Liverpool St</b>
VPB No: <b>N5615</b>	<b>Scone NSW 2337</b>