



# Equine Veterinarians Australia

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

*AWS 506*

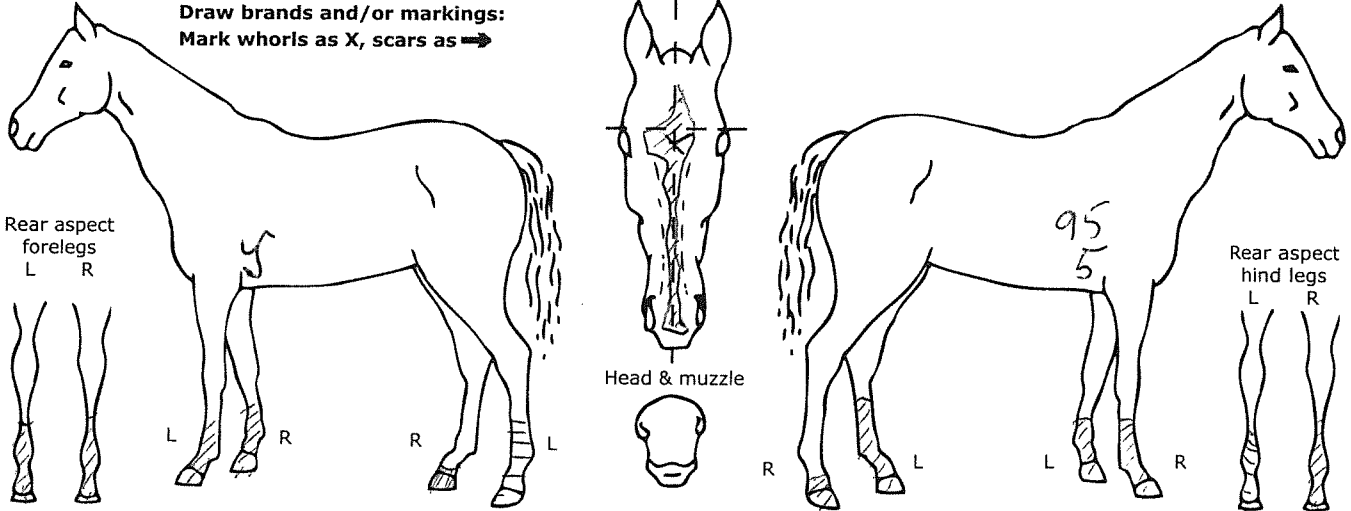


## VETERINARY REPORT ON BROODMARE FOR SALE

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: <i>Buthayna</i>		Age/DOB: <i>3yo</i>
(If unnamed) Sire:		Dam:
Breed:	Colour: <i>Ch</i>	Microchip No:
Owner (if known):		Address (if known):
Person requesting examination: <i>A. Mitchell</i>		Place of examination: <i>Yarraman, Score</i>

Draw brands and/or markings:  
Mark whorls as X, scars as →



<b>This mare was examined</b> (please tick)		<b>The mare was</b> (please tick)		<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<i>Maiden</i>	Hendra (HeV)		
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<i>X</i>	<i>unknown</i>
Other Physical Restraint	<input type="checkbox"/>				Strangles	<i>X</i>	<i>unknown</i>
					EHV-1,4	<i>X</i>	<i>unknown</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>78mm</i>	<i>40 28mm</i>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<i>77mm</i>	<i>40mm</i>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	<b>Y</b>	<b>N</b>	<b>NE</b>
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>B. Bester</i>
Name (please print): <i>B. BESTER</i>	Place stamp/write address here:
Contact Number: <i>0458204086</i>	<i>Hunter Equine Centre</i>
AVA No: <i>181cc</i>	<i>Score</i>
VPB No:	<i>22051</i>