



Equine Veterinarians Australia

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

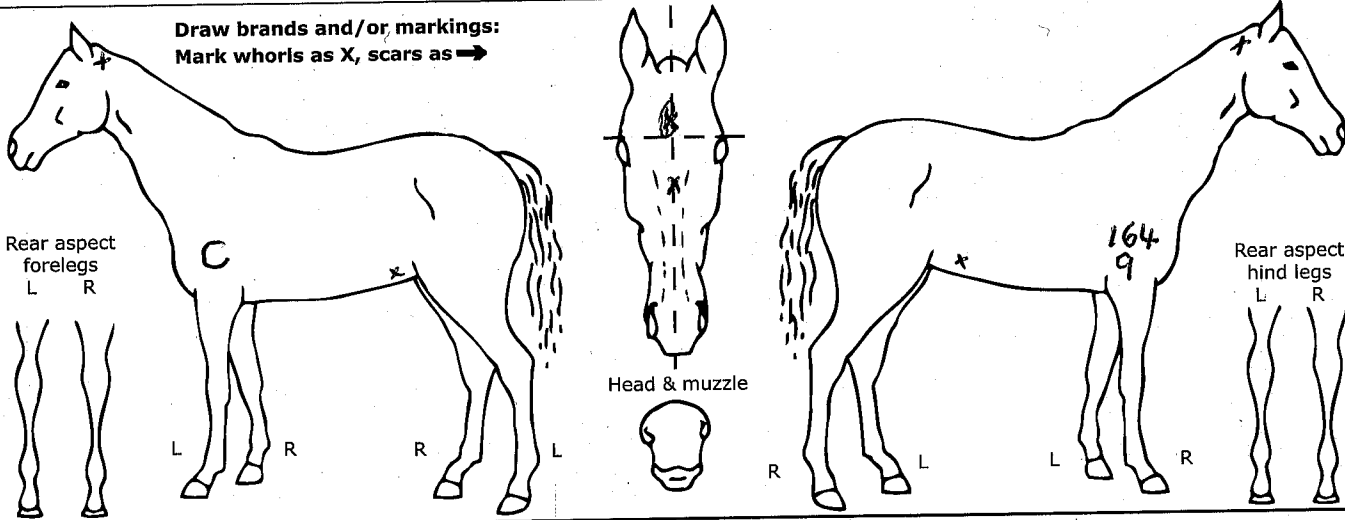


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax® Vaccine or any other medication.

Animal presented as: DANZANTA (USA)		Age/DOB: 17-1-2000
(If unnamed) Sire: KING OF KINGS (IRE)		Dam: LOVE LOCK (USA)
Breed: T-BRED	Colour: BAY	Microchip No: 985101022073049
Owner (if known): VIERA GROUP P/L		Address (if known):
Person requesting examination: OWNER		Place of examination: BOWNESS STUD

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



This mare was examined (please tick)

The mare was (please tick)

Reported last serve date

Under Sedation	<input type="checkbox"/>
Not Sedated	<input checked="" type="checkbox"/>
Other Physical Restraint	<input type="checkbox"/>

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

29-9-2018

(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: 5cm x 4cm x 5cm	Left: NIL	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 6cm x 7cm x 6cm	Right: 4.6cm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			
Comments				Vulva			
				Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				Comments			
Cervix				Udder			
Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination			NORMAL
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination			
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments							

Other comments

Date: **29-4-2019**

Name (please print): **P J NOTT**

Contact Number: **0269422033**

AVA No: **639** VPB No: **N1511**

Signed: *P J Nott*

Place stamp/write address here:
08449
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