



Equine Veterinarians Australia

A Special Interest Group of the Australian Veterinary Association (Inc. ABN 63 008 522 857)

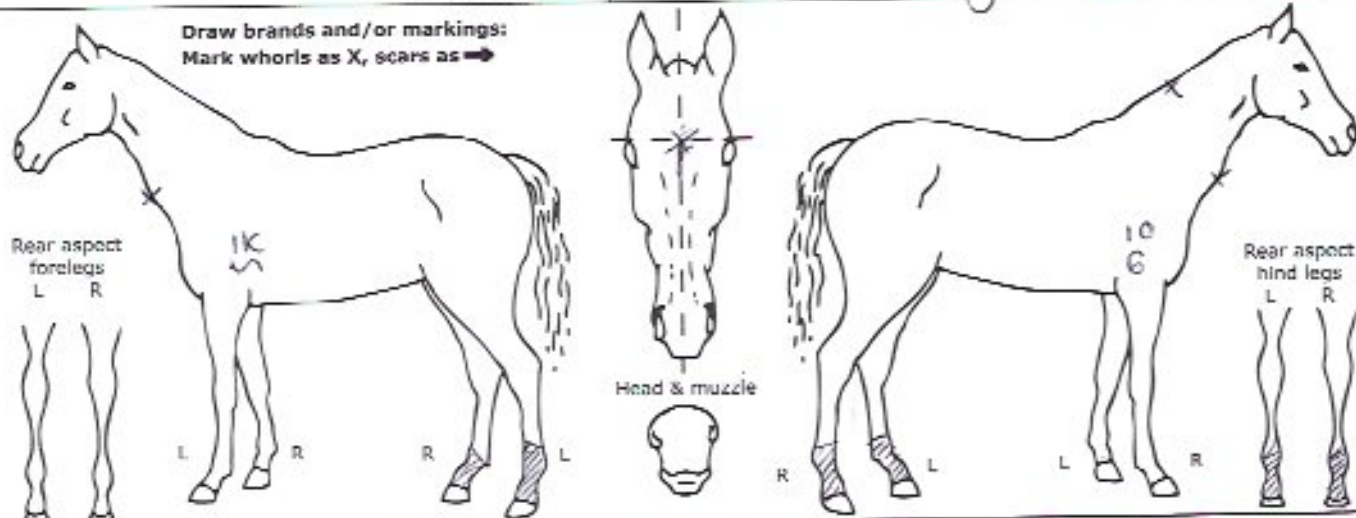


VETERINARY REPORT ON BROODMARE FOR SALE

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: <u>Unnamed</u>		Age/DOB:
(If unnamed) Sire: <u>Exceed And Excel</u>		Dam: <u>Diva Dee</u>
Breed:	Colour: <u>Bay</u>	Microchip No: <u>985100012116395</u>
Owner (if known):	Address (if known): <u>EPS</u>	
Person requesting examination: <u>I. Smith</u>	Place of examination: <u>Wingham</u>	

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



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: <u>34 mm</u>	Left: <u>16 mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>35 mm</u>	Right: <u>13 mm</u>	

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			

Vagina	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Vulva	Y	N	Details
Clasicked	<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"/>	
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments			

Udder	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Examination	<input type="checkbox"/>	<input type="checkbox"/>	

Other comments

Date: 26.4.19

Name (please print): S.P. Knox

Contact Number:

AVA No: 4853

VPB No: 3941

Signed: S.P. Knox

Place stamp/write address here:

TAREE VET HOSPITAL
CHATHAM AVE, TAREE

02718