



# Equine Veterinarians Australia

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

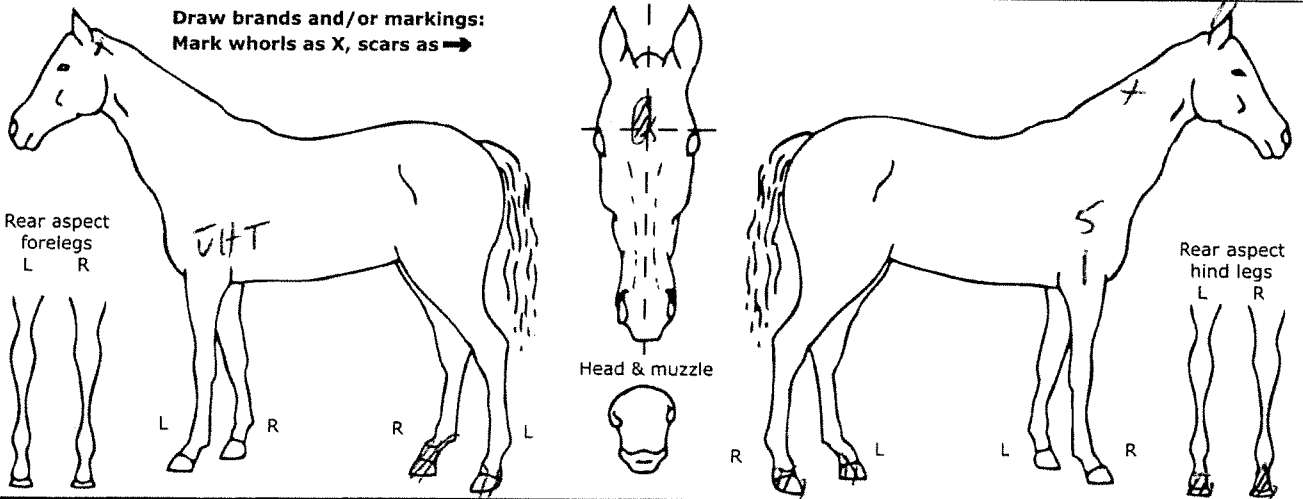
lot 555



## 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>Elite Dane</u>		Age/DOB: <u>2011</u>
(If unnamed) Sire: _____		Dam: _____
Breed: <u>Thoroughbred</u>	Colour: <u>bay</u>	Microchip No: <u>985100012000575</u>
Owner (if known): <u>Holbrook (as agent)</u>	Address (if known): _____	
Person requesting examination: <u>as above</u>	Place of examination: <u>Holbrook Thoroughbreds</u>	



### This mare was examined (please tick)

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

6/9/18

(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>40 mm</u>	Left: <u>10 mm</u>	<u>CL present</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>70 mm</u>	Right: <u>30 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder	Details				
Visual Examination	<u>normal appearance</u>				
Manual Examination	<u>no abnormalities</u>				

### Other comments

Date: <u>30/4/19</u>	Signed: <u>David O'Meara</u>
Name (please print): <u>David O'Meara</u>	Place stamp/write address here: <u>10386</u>
Contact Number: <u>6545 1333</u>	<u>Scone Equine Hospital</u>
AVA No: <u>6233</u>	<u>106 Liverpool St</u>
VPB No: <u>5561</u>	<u>Scone NSW 2337</u>