



# Equine Veterinarians Australia

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

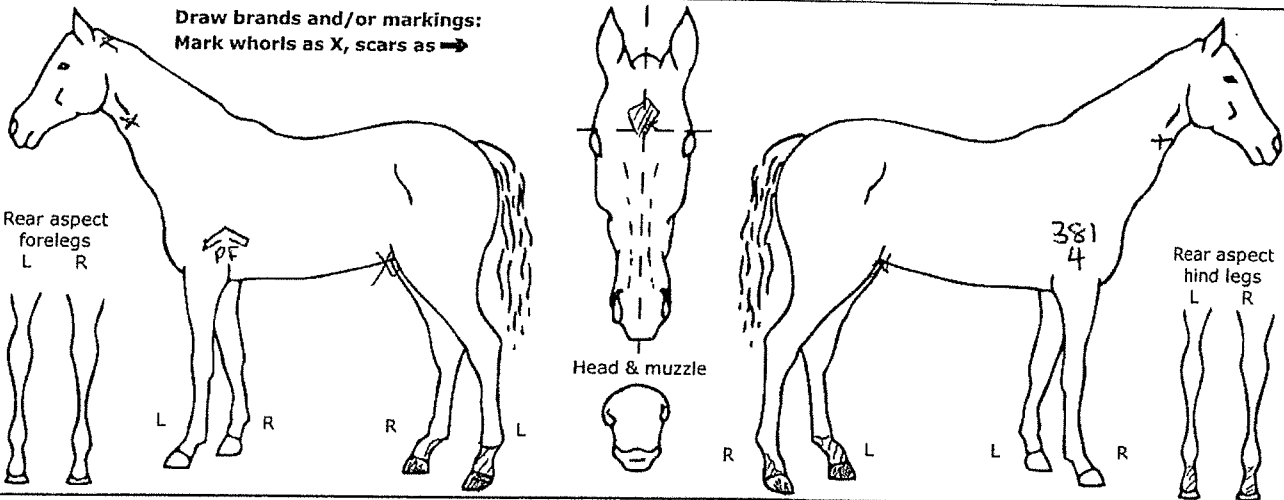


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## VETERINARY REPORT ON BROODMARE FOR SALE

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>GYPSY CHIMES</b>		Age/DOB: <b>8/3/05</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>985100012004370</b>
Owner (if known):		Address (if known):
Person requesting examination:		Place of examination: <b>COOLMORE, NSW</b>



<b>This mare was examined (please tick)</b>	<b>The mare was (please tick)</b>	<b>Reported last serve date</b>	<b>Vaccination</b>	<b>Y/N</b>	<b>Date</b>
Under Sedation	Pregnant		Hendra (HeV)	Y	3.5.19
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>		Tetanus	Y	18.9.18
Other Physical Restraint			Strangles	Y	18.9.18
			EHV-1,4	Y	9.8.18

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"/>			4.6 x 5cm	1cm R	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			6.5 x 6cm L	1.3cm L	CL

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?	<input checked="" type="checkbox"/>		
Uterine Fluid?		<input checked="" type="checkbox"/>	

Comments: 0.6cm base of R horn  
1.2 x 1cm Body  
2 x (0.8cm) in L horn

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: Adhesion on 6 o'clock outside of os. Do not extend in.

Vulva	Y	N	NE
Caslicked / repairs?	<input checked="" type="checkbox"/>		

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"/>		

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		

Other comments .....

Date: <b>26.4.19</b>	Signed: <i>M. Maidment</i>
Name (please print): <b>M. MAIDMENT</b>	Place stamp/write address here:
Contact Number: <b>02 6576 4200</b>	
AVA No:	VPB No: <b>N8663</b>

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