

AWB 584



Equine Veterinarians Australia

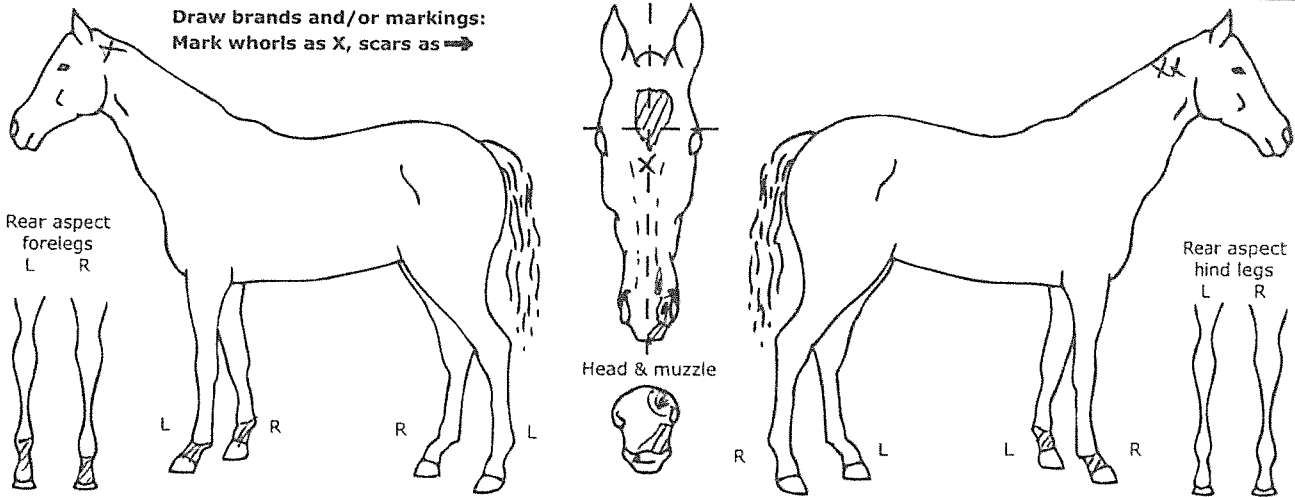
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 EquiVacc® Vaccine or any other medication.

Animal presented as: <u>HARAKA</u>		Age/DOB:
(If unnamed) Sire: _____		Dam: _____
Breed: <u>T/B</u>	Colour: <u>B.</u>	Microchip No: <u>9851 0104 5217 628</u>
Owner (if known):		Address (if known):
Person requesting examination: <u>B. CLARKE</u>		Place of examination: <u>SEGENHOE STOD</u>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text"/>
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>	
Other Physical Restraint	<input type="checkbox"/>			

(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>40x40x30mm</u>	Left: <u>20mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>40x40x40mm</u>	Right: <u>30mm</u>	<u>Recent CL</u>

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 type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			<u>NAD</u>
Comments			<u>NAD</u>				

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

Udder	
Visual Examination	<u>NAD</u>
Manual Examination	<u>NAD</u>

Other comments

Date: <u>26.4.19</u>	Signed:
Name (please print): <u>Cameron Collins</u>	Place stamp/write address here: <u>10994</u>
Contact Number: <u>02 6545 1333</u>	<u>Scone Equine Hospital</u>
AVA No: <u>6517</u>	<u>106 Liverpool St</u>
VPB No: <u>N5615</u>	<u>Scone NSW 2337</u>