



# Equine Veterinarians Australia

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



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 Equity® Vaccine or any other medication.

## VETERINARY REPORT ON BROODMARE FOR SALE

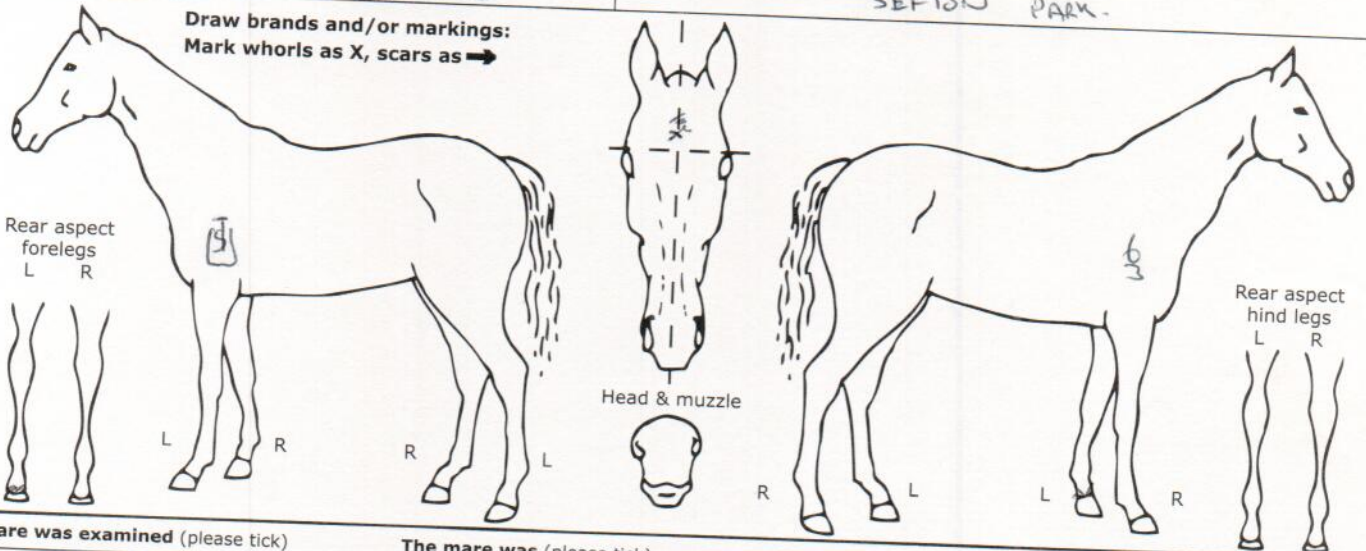
Animal presented as: **IM IN STITCHES** Age/DOB: **2013**

(If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Breed: **TB** Colour: **BAY** Microchip No: **985100612039292**

Owner (if known): \_\_\_\_\_ Address (if known): \_\_\_\_\_

Person requesting examination: **OWNER** Place of examination: **SEFTON PARK.**



**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**

(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: 4.4cm x 5.2cm Right: 4.5cm x 5.3cm	Left: 3.2cm Right: 2.1cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

Vulva	Y	N	Details
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Comments			

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

Other comments

Date: **1/5/19**

Name (please print): **R. McCLENNATHAN**

Contact Number: **02 6545 1522**

AVA No: \_\_\_\_\_ VPB No: **8155**

Signed: \_\_\_\_\_

Place stamp/write address here:

**DARTBROOK EQUINE** 10012  
**VETERINARY CLINIC**  
**Phone: 02 6545 1522**  
**410 Bunnan Road**