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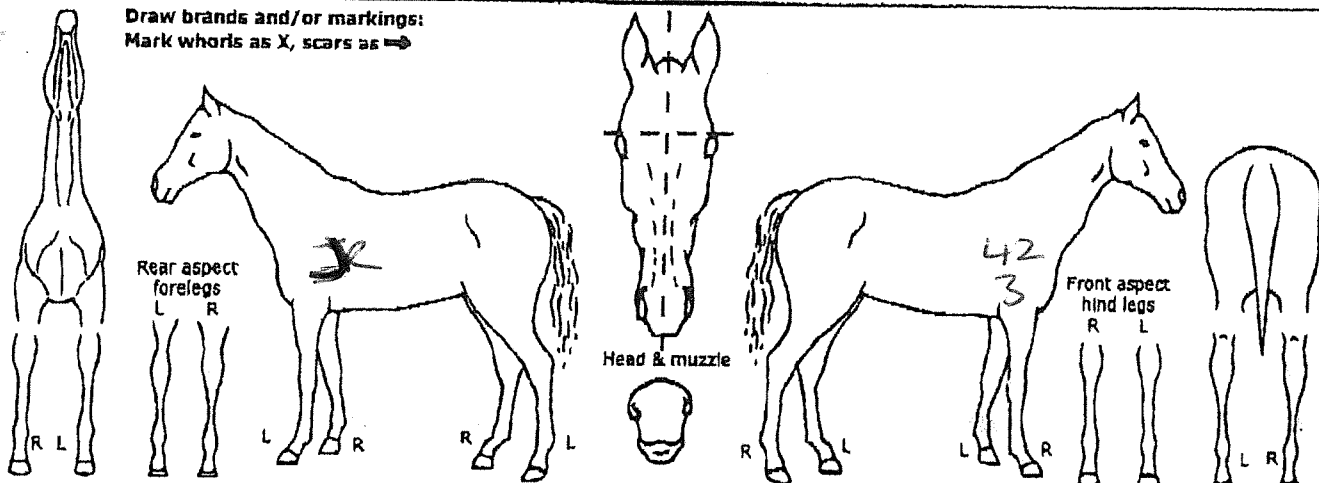


**Equine Veterinarians Australia**  
A Special Interest Group of the Australian Veterinary Association Pty Ltd. ABN 63 088 522 852



**VETERINARY REPORT ON BROODMARE FOR SALE**

Animal presented as: <b>ARTIE'S Dream Winner</b>		Age/DOB: <b>2012</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>Bay</b>	Microchip No: <b>9851000 120 23042</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>Mike Becker</b>		Place of examination: <b>Stowell Stud</b>



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"/>

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicles Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>10 x 40</b>	<b>23mm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>5 x 30</b>	<b>20mm</b>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cyats	<input type="checkbox"/>	<input checked="" type="checkbox"/>		U/S examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Castlicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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

Other relevant clinical abnormalities:

Note: This examination is limited to an assessment of the above specified matters 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 EquiQ® Vaccine or any other medication.

Date: <b>13/16/11</b>	Signed:
Name (please print): <b>Olivia Greenwood</b>	Place stamp/write address here:
Contact Number: <b>0429 469 609</b>	<b>109 MANSAN RD</b>
AVA No:	<b>Riddell Green</b>
VPB No:	<b>UC 3421</b>