



Equine Veterinarians Australia

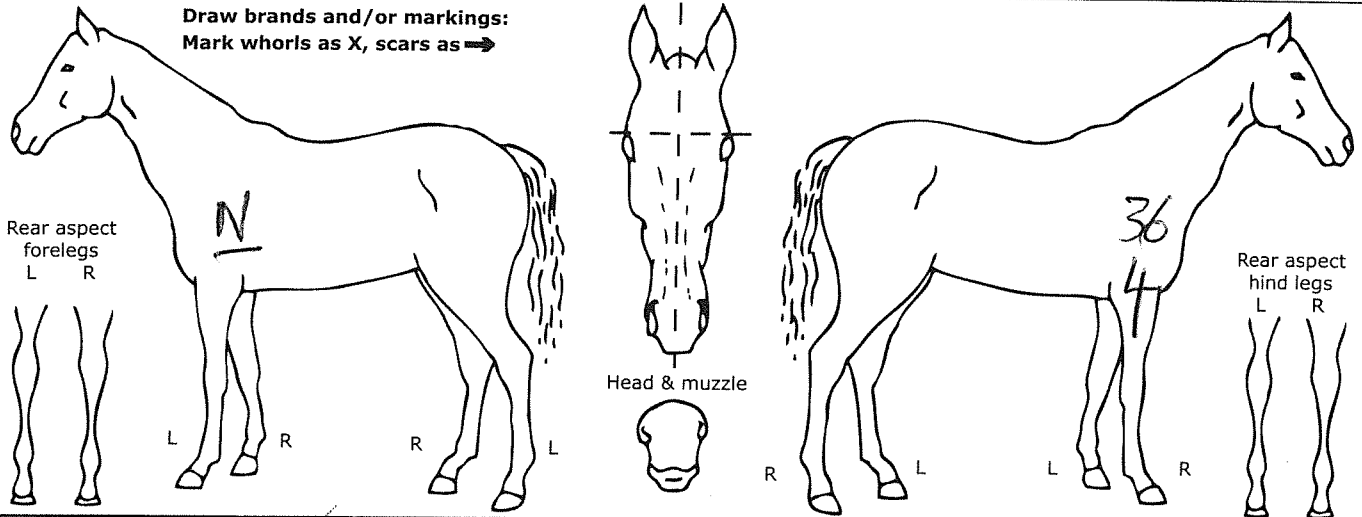
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: BADUZZI Lot 556		Age/DOB:
(If unnamed) Sire:		Dam:
Breed:	Colour: Brown	Microchip No: 985100012044705
Owner (if known):	Address (if known):	
Person requesting examination:	Place of examination: Oaklands Tnt	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="text"/>
Not Sedated	<input 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 type="checkbox"/>	<input type="checkbox"/>	Left: 3x3-8 cm	Left: 1.5x1.6	
U/S Examination	<input type="checkbox"/>	<input type="checkbox"/>	Right: 2.8x3.2 cm	Right: 1.8x1.2	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Comments	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>					

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

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: **18/6/19**

Name (please print): **IAN CHURCH**

Contact Number: **0418 345192**

AVA No: **6188** VPB No: **2090**

Signed: *[Signature]*

Place stamp/write address here: **12202**

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