

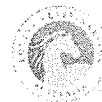


Equine Veterinarians Australia

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

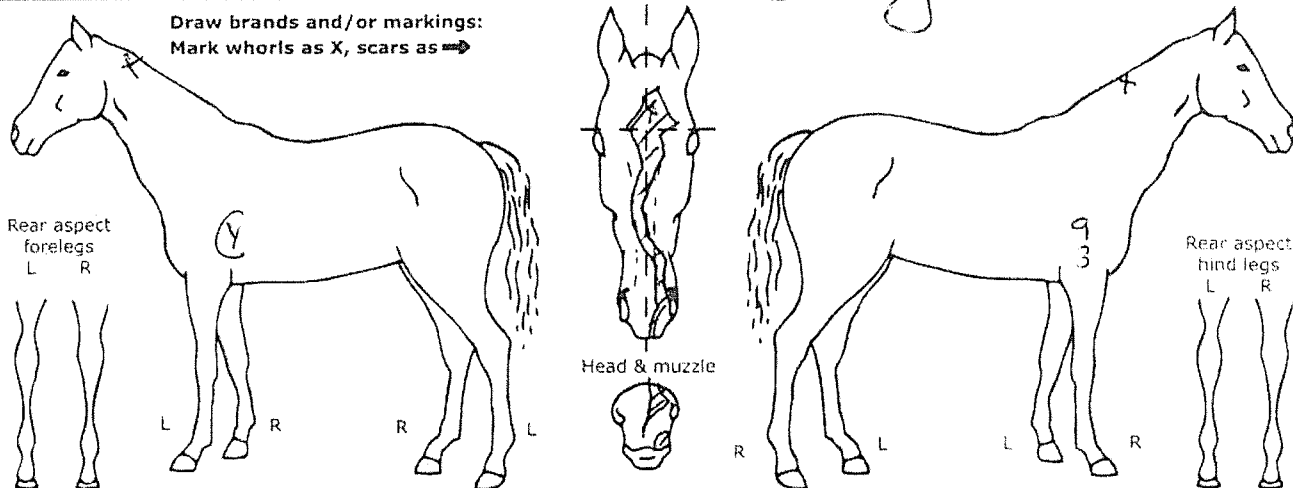
VETERINARY REPORT ON BROODMARE FOR SALE

681



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: Magnatti		Age/DOB: 2013
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985100012035111
Owner (if known): Robert Crabtree		Address (if known):
Person requesting examination: Robert Crabtree		Place of examination: Dorington Farm



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	23-11-18
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: 40mm x 30mm	Left: 15mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 30mm x 25mm	Right: 10mm	
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"/>	No abnormalities		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal		
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No abnormalities		
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments					
Vulva	Y	N	Details		
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Partial		
Comments					
Udder	Y	N	Details		
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normal		

Other comments

Date: 14 June 2019	Signed:
Name (please print): Chelsie Burden	Place stamp/write address here: 08333
Contact Number: 0484 196 362	Goulburn Valley Equine Hospital
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