



Equine Veterinarians Australia

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

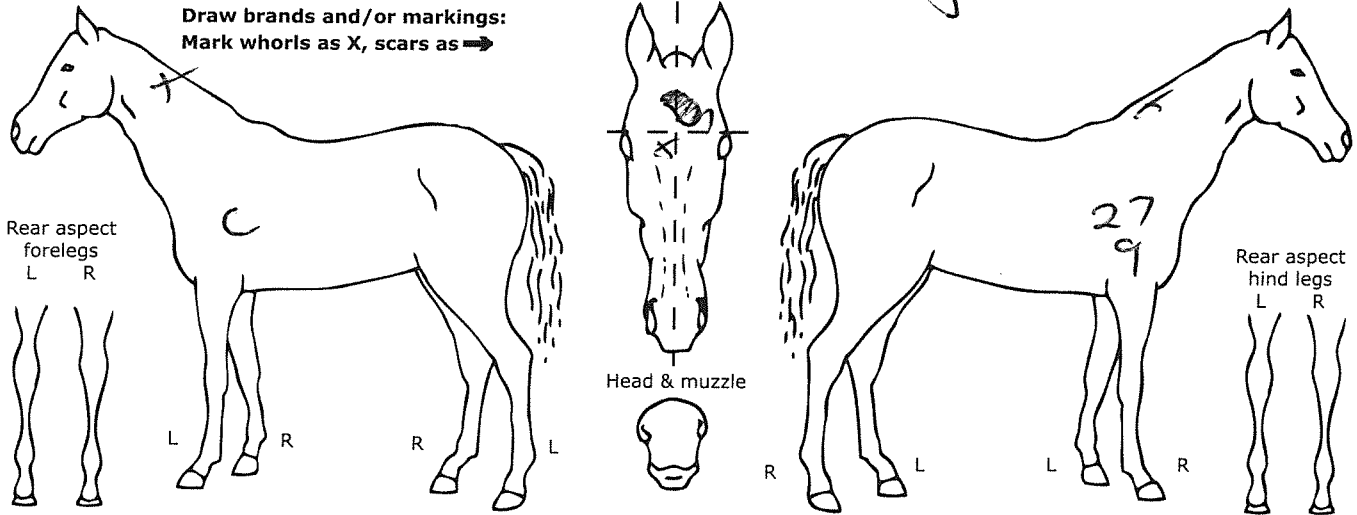
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VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

Animal presented as: <u>Sencircles</u>		Age/DOB: <u>970</u>
(If unnamed) Sire:		Dam:
Breed: <u>TB</u>	Colour: <u>B/Ty</u>	Microchip No: <u>985100010945885</u>
Owner (if known): <u>Gilgar farm</u>	Address (if known):	
Person requesting examination:	Place of examination: <u>Gilgar farm</u>	



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input checked="" type="checkbox"/>	Pregnant	<input checked="" type="checkbox"/>	<input type="text"/>
Not Sedated	<input type="checkbox"/>	Not Pregnant	<input 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 checked="" type="checkbox"/>	Left: <u>5.2 x 5.5cm</u>	Left: <u>CL, 10mm</u>	
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Right: <u>5.0 x 4.7cm</u>	Right: <u>CL, 10mm</u>	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input checked="" 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>No Abnormalities</u>
Comments			<u>No Abnormalities</u>				

Cervix	Y	N	Details	Vulva	Y	N	Details
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Comments			<u>No Abnormalities</u>
Visual Examination per Speculum	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Comments			<u>No Abnormalities</u>				

Udder	Y	N	Details
Visual Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>No Abnormalities</u>
Manual Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Other comments

Date: <u>14.6.19</u>	Signed: <u>[Signature]</u>
Name (please print): <u>S. Robinson</u>	Place stamp/write address here: <u>05272</u>
Contact Number: <u>040280449</u>	<u>Victorian Equine Group</u>
AVA No: <u>25298</u>	<u>38 Heys St</u>
VPB No: <u>14813</u>	<u>White Mills Vic 3550</u>