



Equine Veterinarians Australia

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

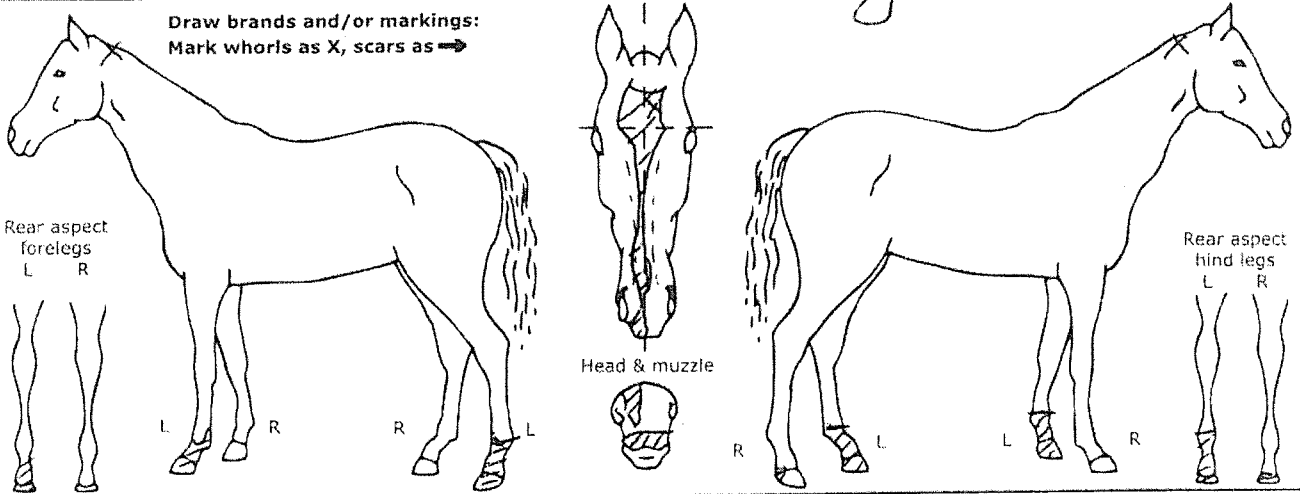
VETERINARY REPORT ON BROODMARE FOR SALE

771



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 EquiV[®] Vaccine or any other medication.

Animal presented as: South In Dixie		Age/DOB: 2007
(If unnamed) Sire:		Dam:
Breed: TB	Colour: Bay	Microchip No: 985100010953577
Owner (if known): Robert Crabtree		Address (if known):
Person requesting examination: Robert Crabtree		Place of examination: Doerington Farm



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

Not served 2018

(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: 70mm x 30mm	Left: 45mm	Estrous mare
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 30mm x 20mm	Right: 15mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Very small cyst - 3mm		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	Normal		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vagina	Y	N	Details		
Manual Examination per Vagina	<input type="checkbox"/>	<input type="checkbox"/>	Normal		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good conformation		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	Normal				
Manual Examination	Normal				

Other comments

Date: 14 June 2019	Signed:
Name (please print): Chelsie Burden	Place stamp/write address here: 08334
Contact Number: 0494 296 362	905 Boulton Valley Hwy
AVA No:	Corrynna VIC 3633
VPB No: V8198	