



Equine Veterinarians Australia

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

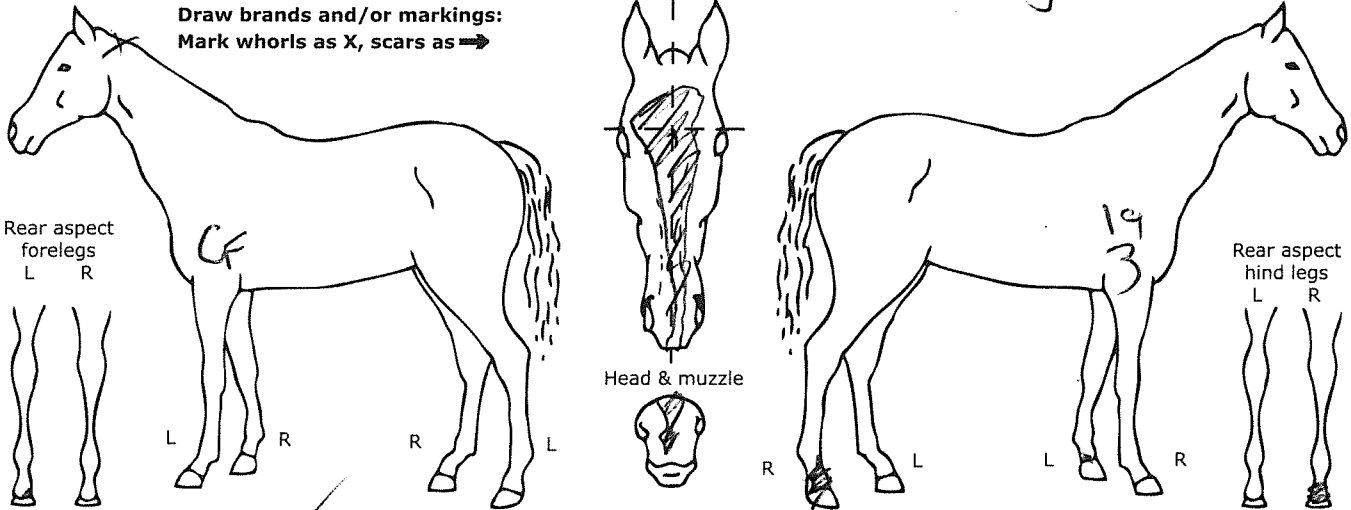
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VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: WOODBITTON		Age/DOB: 5/10
(If unnamed) Sire:		Dam:
Breed: TB	Colour: B/BK	Microchip No: 985700012039332
Owner (if known): Gilgai farm		Address (if known):
Person requesting examination:		Place of examination: Gilgai farm



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 type="checkbox"/>	Left: 4.5 x 5cm	Left: 15mm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 6.0 x 4.5cm	Right: 25mm	

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

Other comments

DR SIMON J ROBINSON

Date: **14.6.19**

Name (please print): **S. ROBINSON**

Contact Number: **0400504497**

AVA No: **15298** VPB No: **V4813**

Signed: **VICTORIAN EQUINE GROUP**

Place stamp/write address **38 Heinz Street 5271**
White Hills
Vic 3550
M. 0400504497