



Equine Veterinarians Australia

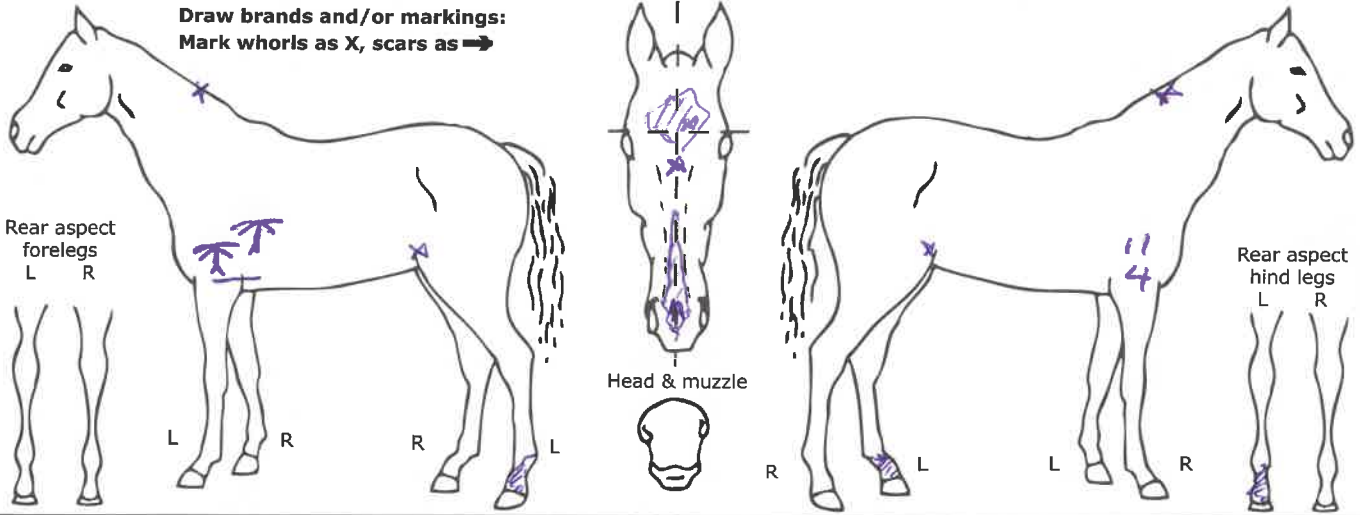
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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 Equity® Vaccine or any other medication.

Animal presented as: ASSET CLASS		Age/DOB: 20.09.2014
(If unnamed) Sire: CASINO PRINCE		Dam: ASPERIN MISS
Breed: FIBRO	Colour: BAY	Microchip No: 985100012046557
Owner (if known): ESKIN		Address (if known): SYDNEY
Person requesting examination: DAVID WHITE		Place of examination: VINERY SPUD



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

(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: 3.6 x 3.2 cm.	Left: 1.5 cm	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 3.4 x 2.7 cm	Right: 1 cm	
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"/>			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	RELAXED.		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PINK - RELAXED		
Comments					
Vagina	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments					
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments					
Udder	Details				
Visual Examination	NO ABNORMALITIES				
Manual Examination	NO ABNORMALITIES.				

Other comments

Date: 7th MAY 2020	Signed:
Name (please print): W.D. MATTHEWS	Place stamp/write address here: 07192
Contact Number: 0488767616	W.D. Matthews
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VPB No: N8421	PO Box 436 Scone NSW 2337