



Equine Veterinarians Australia

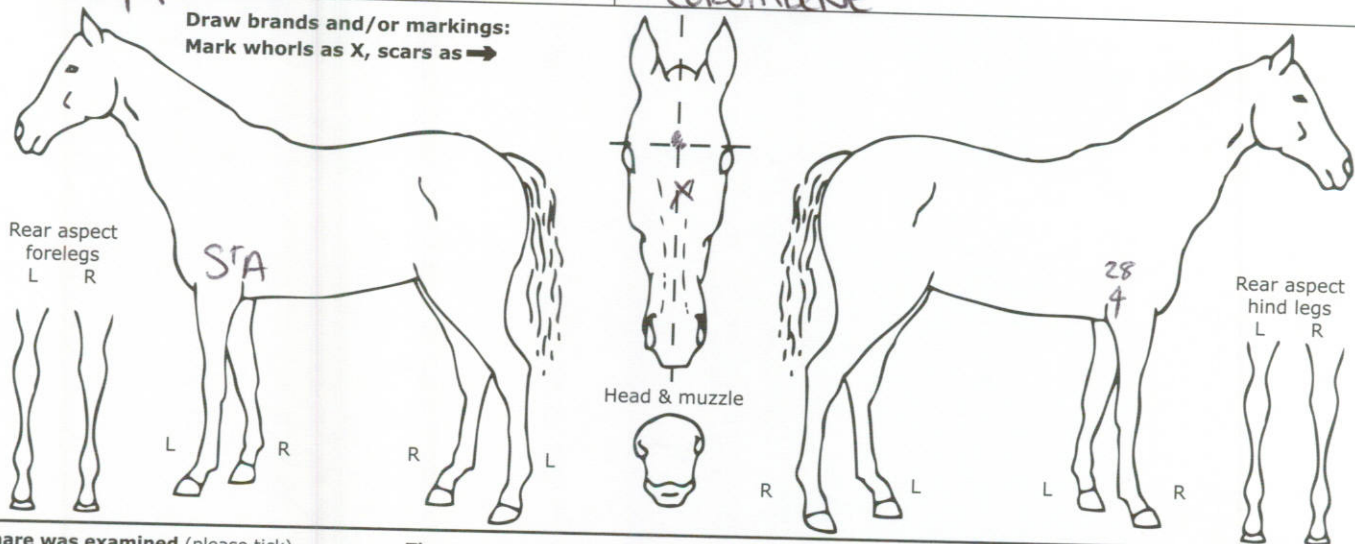
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852



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: CAPER		Age/DOB: 2014
(If unnamed) Sire: HINCHINBROOK		Dam: LACAMILLE
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985F100012045294
Owner (if known): CORUMBENE		Address (if known):
Person requesting examination: TOBY FRAZER		Place of examination: CORUMBENE



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

25/11/2019 - MENAEL

(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: 3cm	Left: Small	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right:	Right: CL	

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 type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	

Vulva	Y	N	Details
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Cervix	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 type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

Udder	Y	N	Details
Visual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NORMAL
Manual Examination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NORMAL

Other comments

Date: 5/4/2020	Signed:
Name (please print): Ad Brail	Place stamp/write address here: 10606
Contact Number: 63 722005	Wass 105
AVA No:	Holman
VPB No: N2487	