



# Equine Veterinarians Australia

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

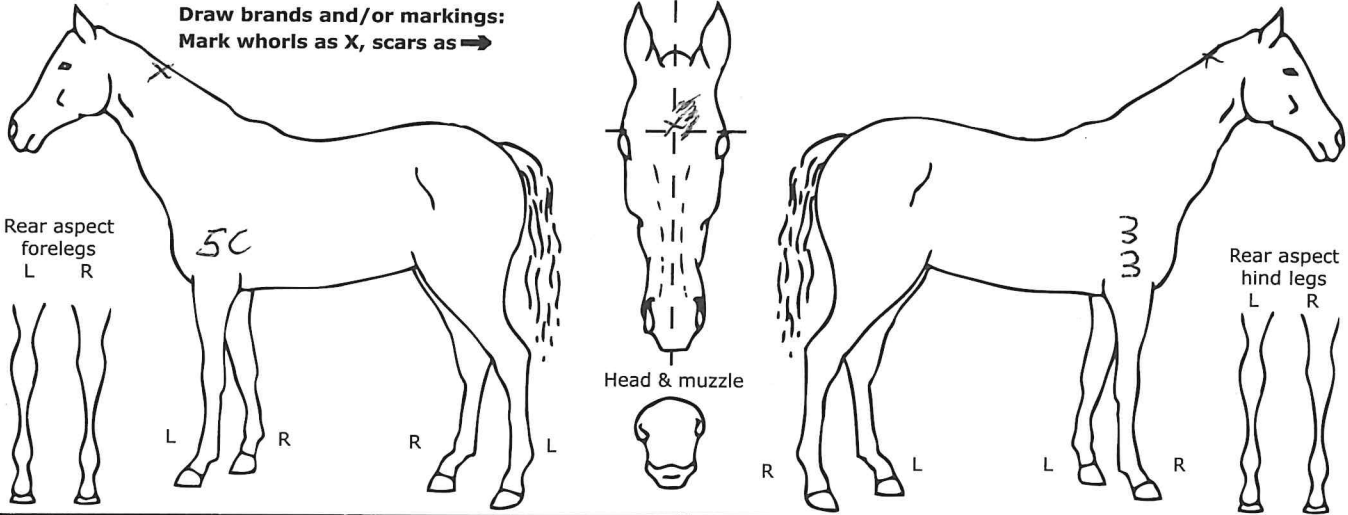


## VETERINARY REPORT ON BROODMARE FOR SALE

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: <b>FAIRY BEAST</b>		Age/DOB: <b>2/10/2013</b>
(If unnamed) Sire:		Dam:
Breed: <b>TB</b>	Colour: <b>CHESTNUT</b>	Microchip No: <b>985100012034551</b>
Owner (if known): <b>MARY BRAY</b>	Address (if known): <b>CINQUE CAVALLI STUD BRAIDWOOD</b>	
Person requesting examination: <b>OWNER</b>	Place of examination: <b>BRAIDWOOD VET SURGERY</b>	

Draw brands and/or markings:  
Mark whorls as X, scars as →



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date	Vaccination		Y/N	Date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>		Hendra (HeV)			
Not Sedated	<input checked="" type="checkbox"/>	Not Pregnant	<input checked="" type="checkbox"/>		Tetanus	<input checked="" type="checkbox"/>		<b>FEB 2020</b>
Other Physical Restraint	<input type="checkbox"/>				Strangles	<input checked="" type="checkbox"/>		<b>20 11</b>
					EHV-1,4			

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>13 x 8 cm</b>	<b>40 mm</b>	
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			<b>14 x 8 cm</b>	<b>38 mm</b>	

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina			<input checked="" type="checkbox"/>
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments .....

Date: <b>28/4/2020</b>	Signed: <b>G. Gilbert</b>
Name (please print): <b>GREG GILBERT</b>	Place stamp/write address here:
Contact Number: <b>02 48 422 697</b>	
AVA No: <b>970</b>	VPB No: <b>N3923</b>

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