



Equine Veterinarians Australia

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

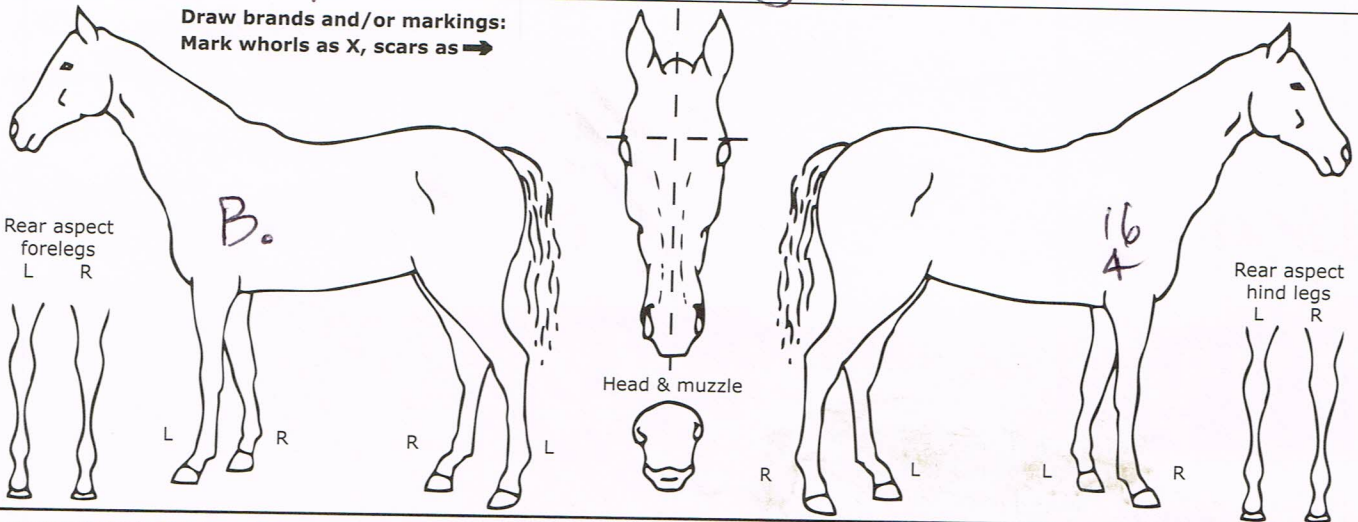


VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVax[®] Vaccine or any other medication.

Animal presented as: MISS EXFACTOR		Age/DOB: 2014
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BR	Microchip No:
Owner (if known): VARIOUS		Address (if known):
Person requesting examination: PETER MARIANA		Place of examination: JAZZCOM

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



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input type="checkbox"/>
Other Physical Restraint	<input checked="" type="checkbox"/>

The mare was (please tick)

Pregnant	<input type="checkbox"/>
Not Pregnant	<input checked="" type="checkbox"/>

Reported last serve date

N/A

(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: 52x45mm	Left: N/A	TWO CORPORA LUTEA
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 45x43mm	Right: 10mm	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NORMAL		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	u		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NORMAL		
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments			NORMAL		
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			NORMAL		
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments			NORMAL		
Udder	Details				
Visual Examination	NORMAL				
Manual Examination	NORMAL				

Other comments **NO OTHER PROCEDURES WERE REQUESTED OR PERFORMED**

Date: 23/4/20	Signed: Stephen McIntosh
Name (please print): SA MCINTOSH	Place stamp/write address here: 07092
Contact Number: 0408 69 7990	
AVA No: 7726	VPB No: 2678