



# Equine Veterinarians Australia

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

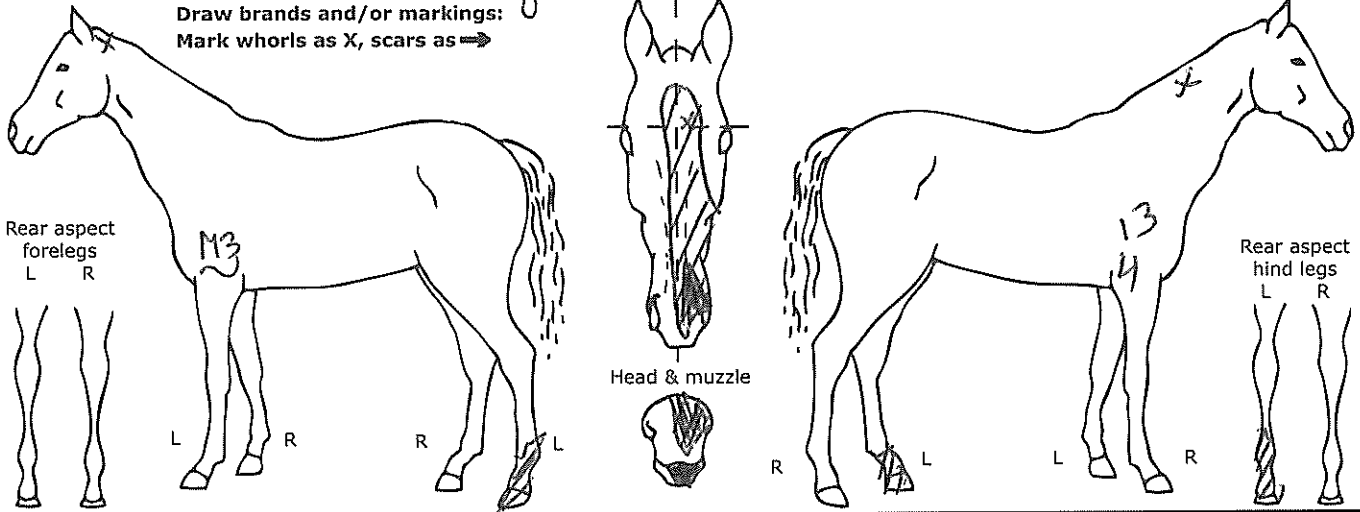


## VETERINARY REPORT ON BROODMARE FOR SALE

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>Vikari</b>		Age/DOB: <b>2014</b>
(If unnamed) Sire: <b>—</b>		Dam: <b>—</b>
Breed: <b>thoroughbred</b>	Colour: <b>bay</b>	Microchip No: <b>985100012045174</b>
Owner (if known): <b>Kia Ora.</b>	Address (if known):	
Person requesting examination: <b>Andrew Perryman</b>	Place of examination: <b>Kia Ora Stud.</b>	

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 type="checkbox"/>

The mare was (please tick)

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

Reported last serve date

<b>—</b>
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(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: <b>70 mm</b>	Left: <b>30 mm</b>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>40 mm</b>	Right: <b>15 mm</b>	
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	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>			
Vulva	Y	N	Details		
Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Udder					
Visual Examination	<b>normal appearance</b>				
Manual Examination	<b>no abnormalities.</b>				

Other comments

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Date: <b>4/5/20</b>	
Name (please print): <b>David O'Meara</b>	
Contact Number: <b>6545 1333</b>	
AVA No: <b>6233</b>	VPB No: <b>5561</b>

Signed: <b>[Signature]</b>
Place stamp/write address here: <b>10395</b>
<b>Scone Equine Hospital</b>
<b>106 Liverpool St</b>
<b>Scone NSW 2337</b>